

PERFORMANCE EVALUATION
UUP Professional Employees
SUNY Cortland

Employee's Name:				
Department:				
Evaluation Period:	From Date:		To Date:	
Campus Title:				
Budget Title:			Grade Level:	SL-
Initial Appointment Date:		Appointment Date to Current Title		
Immediate Supervisor & Title:				

A. Procedural Steps in the Evaluation Process

The **PERFORMANCE EVALUATION** provides a basis for performance improvement, the reevaluation of job functions, and career growth. The evaluation assists those making decisions about discretionary increases, promotion, renewal, and permanent appointment.

1. **Secondary Sources** – Attach secondary source forms received to the document as appendix a. As stated on the Performance Program, the goal is to receive all 10 secondary source documents, but they are not required to complete the evaluation.
2. **Prepare a Preliminary Evaluation and New Performance Program** -Include the items identified in B below in the evaluation. Evaluate the range of performance from commendable to areas in need of improvement. Assign an overall rating of either Satisfactory or Unsatisfactory. Issue a new performance program for the next evaluation period.
3. **Meet with the Employee** - Discuss the preliminary evaluation. Review the extent to which secondary sources influenced the evaluation. If a rating of unsatisfactory has been assigned, the basis for this characterization shall also be part of the discussion. The new performance program shall also be discussed with the staff member, but the supervisor has final authority regarding what is included.
4. **Prepare the Final Evaluation Report** - After considering the staff member's feedback, prepare the final evaluation and new performance program.
5. **Distribute the completed documents** - Submit the final evaluation and new performance program in confidential envelopes as follows:
Signed Original Form: Human Resources
Copies: Employee, Supervisor, Second-line Supervisor.

B. Instructions for the Evaluation Form

1. **Duties and Responsibilities:** The evaluation must be based on the duties, objectives, and criteria established in the performance program. The supervisor determines criteria for evaluation. The following are suggested in Appendix A-28 of the UUP Agreement.

- a) **Effectiveness in Performance:** As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationships with colleagues. If the staff member is a supervisor, include whether they have completed performance programs and evaluations for their staff in a timely manner.

Comments:

- b) **Mastery of Specialization:** As demonstrated, for example, by degrees, licenses, honors, awards, presentations at conferences and meetings, offices held in professional organizations, publications, and professional reputation in their field.

Comments:

- c) **Professional Ability:** As demonstrated, for example, by invention or innovation in professional, scientific, administrative, or technical areas, i.e. development or refinement of programs, methods, procedures, or apparatus.

Comments:

- d) **Effectiveness in University Service:** As demonstrated, for example, by public service, committee work and involvement in university-related student or community activities.

Comments:

- e) **Continued Growth:** As demonstrated, for example, by continuing education, participation in professional organizations, completion of professional training programs, or research.

Comments:

- f) **Additional criteria, if applicable:**

Comments:

2. Areas for Growth and/or Improvement:

Include specific suggestions regarding opportunities for professional growth and/or strategies for improving performance, such as attendance at a specific training program, etc.

Comments:

3. Summary Statement from Secondary Sources: Feedback should be summarized without specific reference to the source.

Comments:

4. Overall Performance: According to the contract language, select either **Satisfactory or Unsatisfactory.**

☐ Satisfactory

☐ Unsatisfactory

If Satisfactory, you may optionally indicate the level of satisfaction with expectations met or exceeded.

☐ Meets Expectations

☐ Exceeds Expectations

Is this an annual evaluation that accompanies a recommendation for renewal or non-renewal of an appointment?

☐ Yes

☐ No

If yes, the recommendation is:

☐ Renewal (If the employee is a full-time professional holding a term appointment, an Abbreviated Renewal Form (Form 6) should be completed.)

If yes, and the employee is part-time or holding a temporary appointment, an Abbreviated Reappointment Form (Form 7) should be completed.)

☐ Non-renewal (Please notify Human Resources.)

An employee who is being recommended for non-renewal has five working days from the date of the vice president's signature to file a statement to the President in response to this evaluation.

Comments:

5. Performance Program for Next Evaluation Cycle Attached?
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Yes </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> No </div> <div> Comments: </div>

Employees Right to a Review:

I have received and discussed my performance program and this document with my supervisor. My signature does not represent agreement or disagreement with the evaluation.

If I wish to comment, I have appended a written, dated, and signed statement. I understand that I have a right to a review of this evaluation by the Committee on Professional Evaluation if my performance has been characterized as "unsatisfactory" and that I must inform, in writing, my immediate supervisor, the chair of the Committee on Professional Evaluation, and the College President or designee, of my intention to request such a review, within ten working days of receipt of this document.

SIGNATURE OF EMPLOYEE	DATE

SIGNATURE OF SUPERVISOR	DATE

I endorse the recommendation noted above (*check yes or no and forward a copy of this summary to the employee*).

☐ Yes
☐ No

SIGNATURE OF SUPERVISOR'S SUPERVISOR (IF APPROPRIATE)	DATE

I endorse the recommendation noted above (*check yes or no and forward a copy of this summary to the employee*).

☐ Yes
☐ No

SIGNATURE OF APPROPRIATE VICE PRESIDENT	DATE

DISTRIBUTION:

Originating office must distribute, in confidential envelopes, as follows:

Original Signed Copy: Human Resources

Copies: Employee
Supervisor
Second-line Supervisor