

**Management Confidential Staff  
Performance Program and Annual Performance Evaluation**



State University of New York  
College at Geneseo

**PERFORMANCE PROGRAM**

For the Period \_\_\_\_\_ to \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Budget Title: \_\_\_\_\_ M/C Rank: \_\_\_\_\_

Local Descriptive Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Position Summary (To be completed by employee):**

(Briefly describe the position; this summary should be an overview of the position and should be no longer than 4-5 sentences)

Responsibilities:

Current Year Date: \_\_\_\_\_

**Goals for the Year (To be completed by employee) (Minimum of 5):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**PERFORMANCE EVALUATION**

**Assessment of Goals for Current Year (Evaluation to be complete by supervisor):**

- Goal 1:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 2:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 3:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 4:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 5:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 6:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred

- Goal 7:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 8:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 9:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred
- Goal 10:**  completed  satisfactory progress  unsatisfactory/insufficient progress  goal deleted/deferred

**Effectiveness, Mastery of Field, Professional Ability, University Service, Continued Growth, and other Criteria for Evaluation (To be completed by supervisor)**

**1. Provides effective leadership for his/her unit.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**2. Communicates effectively with members of his/her unit.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**3. Manages budget(s) appropriately.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**4. Plans effectively for current and future projects.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**5. Works collaboratively with other campus offices/departments.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**6. Represents his/her unit effectively to off-campus organizations/groups.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**7. Fosters the development of all members of the unit.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**8. Demonstrates initiative in solving problems.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**9. Innovative and creative in the development of his/her unit.**

- Always  Frequently  Occasionally  Seldom  Never  Does Not Apply

**Overall Rating Description (To be completed by supervisor):**  
Summary of supervisor's overall evaluation of the performance

**Overall Rating (To be completed by supervisor):**

**Outstanding:** The employee is exemplary in performance in all tasks. Is a role model to others and is recognized as a particular asset to the work unit and college community. The employee can be relied upon to perform difficult tasks.

**Highly Effective:** The employee meets and frequently exceeds the performance expectations for all tasks. The employee is performing better than expected for many of the tasks.

**Effective:** The employee meets many performance expectations and performs in a competent manner. This is the expected and usual level of performance for most employees.

**Some Improvement Needed:** The employee meets many performance expectations. However, needs improvement in others. Some tasks may require extra direction by the supervisor.

**Unsatisfactory:** The employee needs significant improvement and is below minimally acceptable level.

**To be signed during evaluation meeting**

**Signatures:**

Employee:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Employee

Comments:

Supervisor:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Supervisor

Provost/Vice President's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Provost/Vice President

**Employee recommendation(s) for changes to the current Performance Program:**

**Goals for the Upcoming Year:**

**Upcoming Year Dates:** Aug '07 – Aug '08

(List up to 10 goals (a minimum of 5) for the upcoming year; your assessment for next year will be based on the final goals agreed upon with your supervisor)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**To be signed following discussion of new goals**

**Signatures:**

Employee acknowledges performance program and goals for next year:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Employee

Supervisor acknowledges goals for next year:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Supervisor