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**Management Confidential Staff**

**Performance Program and Annual Performance Evaluation**

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:**

(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