

PROFESSIONAL EMPLOYEE PERFORMANCE PROGRAM

Employee’s Name: Name Date: Select date

Office/Department: Department name

Program Period: Select date to Select date

Campus Title: Campus title SL Level: Please select

Budget Title: Budget title

Initial Appointment Date: Select date Appointment Date to Title: Select date

Immediate Supervisor/Title: Name/Title

Supervisor’s Supervisor/Title: Name/Title

**DESCRIPTION OF EMPLOYEE’S DUTIES AND RESPONSIBILITIES (please include supervisory responsibilities):**

Click here to enter text.

**SECONDARY SOURCES**

Secondary sources are agencies, offices, or individuals which will be involved with the performance of the employee and may affect the employee's ability to achieve the stated objectives. If individuals are used, identify by title only. It is recommended that up to six (6) secondary sources be identified, where possible. Mutual agreement between the supervisor and professional employee in the identification of secondary sources is the most desirable procedure, so feedback obtained for the performance evaluation is balanced, well-rounded and equitable. Individuals should be identified on the basis of a significant working relationship.

Click here to enter text.

**OBJECTIVES**

**Short-term objectives** to be accomplished during the next evaluation period. Objectives should be written using the SMART approach (Specific, Measurable, Achievable, Relevant and Time bound)

Click here to enter text.

**Long-term objectives** may include program or professional development, continuing education or training, improvement of skills or research. (A tentative timetable for achieving long-term objectives should be identified.)

Click here to enter text.

I have read and understand this Performance Program. If my supervisor and I don’t agree on the performance program, I realize I have the right to attach a statement within ten (10) working days.

Signature of Employee Date

Signature of Supervisor Date

Signature of Supervisor’s Supervisor (if applicable) Date

Signature of Vice President Date

**Distribution**

Original: Office Personnel File

Copies: Employee

Supervisor

 Supervisor’s Supervisor