

**Professional Performance Program**

For Period: From       To

DATE DATE

Employee Name:       Rank: SL–

State Budget Title:       Department:

Campus Title:       Supervisor’s Name:

Full Time/Part Time: Full-time Part-time

Current Appointment: Temporary Term Permanent

After review and consultation, this completed form should be signed and forwarded to Human Resources for employee’s personnel file. Both the employee and the immediate supervisor should retain a copy for future reference.

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\*\*\_\_\_\_\_\_\_\_\_\_\_

\* Signifies only that the employee has received and discussed this Performance Program with the immediate supervisor, and does not represent agreement or disagreement with its content. If the employee and supervisor do not concur with the content of this document, the employee has the right to attach a statement within ten (10) days of receipt.

\*\* Date received

DISTRIBUTION: 1) Employees 2) Supervisor 3) Vice President 4) Personnel File**Professional Performance Program**

**Section A:**

Describe any duties and responsibilities other than those considered to be the official job classification (see: Management Advisory Committee on Classification and Compensation (MACC) Guide to UUP bargaining unit Titles and Job Descriptions on the web at [www.uupinfo.org/reports/reports.php](http://www.uupinfo.org/reports/reports.php) and click on MACCC Titles and Information):

**Section B:**

List specific Assignments/tasks for the period covered by the performance program. (You will go into detail of these duties in Section F.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Section C:**

Long-term objectives (re: development of programs, professional development, participation in University activities, etc.):

**Section D:**

Supervisory relationships, by title or group, and functional relationships:

**Section E:**

Secondary source consultation (Degree to which other individuals, offices or agencies shall be consulted as part of the evaluation process due to their effect upon the employee’s ability to achieve stated objectives.) Identify source:

**Professional Performance Program**

**Section F:**

PERFORMANCE EXPECTATIONS: Specific objectives for each assignment listed in Section B and the criteria for measuring the success in achieving those objectives

|  |  |  |
| --- | --- | --- |
| **GOALS/OBJECTIVES – Detailed List of Duties and Responsibilities** | **CRITERIA/MEASUREMENTS – The standards by which employee will be evaluated** | **% of Effort\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*A guide for prioritization of duties, not to be used as criteria