Farmingdale State College

Professional Evaluation
2019-2020

For Period: From _____, 2019 To_____, 2020
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

Check one:
☐ Duties remain unchanged for the upcoming year
☐ Duties were revised and a new performance program is attached

In general, has employee's overall performance been satisfactory?
☐ YES ☐ NO

Supervisor

Immediate Supervisor Signature _____Date_____
(acknowledges that Supervisor involved employee and reviewed results with employee)

Employee

I have reviewed this evaluation with my immediate supervisor. My signature means that I have received and discussed the final evaluation report. If I wish to make additional comments, I will have a written, dated, and signed statement prepared to be appended to this document. I understand that I have a right to a review of this evaluation by the Professional Evaluation Committee if my performance has been characterized as "unsatisfactory". I further understand that, should I desire to invoke this right, I must do so within ten (10) working days of receipt of this report.

Employee Signature _____Date_____
(acknowledges only that evaluation was reviewed w/ employee, not employee agreement)

DISTRIBUTION: 1) Employee 2) Supervisor 3) Vice President 4) Personnel File

PERFORMANCE EVALUATION

Rating Scale: **A**–Exceptional **B**–Highly Effective **C**–Effective&Competent **D**-Needs Improvement **E**–Unsatisfactory

GOALS/OBJECTIVES – Copied Directly from the Performance Program	Results Achieved	Rating

Performance Evaluation continued *(completed by Supervisor)*

Effectiveness in Performance

(As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues**).**

☐ Exceptional ☐Highly Effective ☐ Effective & Competent ☐ Needs Improvement ☐Unsatisfactory

Comments:

Mastery of Specialization

(As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field**).**

☐ Exceptional ☐Highly Effective ☐ Effective & Competent ☐ Needs Improvement ☐Unsatisfactory

Comments:

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**).**

☐ Exceptional ☐Highly Effective ☐ Effective & Competent ☐ Needs Improvement ☐Unsatisfactory

Comments:

Effectiveness in University Service

(As demonstrated, for example, by such things as college and University public service, committee work, and involvement in college or University related student or community activities**).**

☐ Exceptional ☐Highly Effective ☐ Effective & Competent ☐ Needs Improvement ☐Unsatisfactory

Comments:

Continuing Growth

(As demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance and increased duties and responsibilities**).**

☐ Exceptional ☐Highly Effective ☐ Effective & Competent ☐ Needs Improvement ☐Unsatisfactory

Comments:

Employee Strengths or Positive Accomplishments:

Employee challenges or areas for development:

General comments about employee performance:
