

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



State University of New York
Maritime College

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

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:

Signature of Employee

Date: _____

Supervisor acknowledges goals for next year:

Signature of Supervisor

Date: _____