

Professional Employee Performance Program Cover Sheet

Employee Name: _____

Employee Title and Department: _____

Period Covered by this Performance Program: _____

Note: this is the period from the point the employee acknowledged the previous Performance Program to the next evaluative date (beginning of Cycle).

Immediate Supervisor Name: _____

Immediate Supervisor Title and Department: _____

The discussions which result in either a change in the existing performance program or a renewal of the existing performance program should consider the following, as described in the Agreement on Performance Review of Professional Employees (Article 4.V, pp. 7-9). See that section of the Agreement for more information.

- 1. Nature of the professional employee's duties and responsibilities**
- 2. Supervisory relationships**
- 3. Functional relationships**
- 4. Immediate and long-term objectives**
- 5. Criteria for evaluating achievement of objectives (including *effectiveness in performance, mastery of specialization, professional ability, effectiveness in university service, and continuing growth*)**
- 6. Secondary reviewers, if any**

I have read and understand the attached performance program.

Employee Signature

Date

Immediate Supervisor Signature

Date

Note: "If the immediate supervisor and the employee do not concur on the performance program, the employee has the right to attach a statement to the performance program within 10 working days from receipt." (see Agreement, Article 4.V.6.b, p. 9)

The performance program, including this cover sheet with signatures and attached statements, if any, must be entered into the employee's performance review file prior to the completion of the "Review by Immediate Supervisor" step in the review process. The evaluation period cannot start prior to the date upon which the employee receives a copy of the written performance program.