

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK
INDIVIDUAL PERFORMANCE PROGRAM AND APPRAISAL

NAME: PERIOD COVERED:

TITLE/GRADE: OFFICE/PROJECT:

PROGRAM

I. OBJECTIVES SUMMARIZE THE MAJOR OBJECTIVES AND/OR TASKS TO BE ACCOMPLISHED IN THIS POSITION. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

A. OUTLINE SPECIFIC OBJECTIVES FOR THIS REVIEW PERIOD.

II. JOB-RELATED FACTORS OUTLINE FACTORS AFFECTING THE EMPLOYEE'S PERFORMANCE, SUCH AS TECHNICAL AND HUMAN RELATIONS SKILLS, PROBLEM SOLVING AND DECISION MAKING SKILLS, WORK COMMITMENT, AND TIME MANAGEMENT, WHICH NEED TO BE STRENGTHENED DURING THIS PERFORMANCE PERIOD.

III. DEVELOPMENT PLANS OUTLINE SPECIFIC DEVELOPMENT PLANS TO BE ACCOMPLISHED DURING THIS PERFORMANCE PERIOD.

EMPLOYEE'S SIGNATURE: _____
SUPERVISOR'S SIGNATURE: _____

DATE PROGRAM DISCUSSED: _____

[COPIES ARE TO BE KEPT BY THE EMPLOYEE AND SUPERVISOR.]

APPRAISAL

I. PERFORMANCE SUMMARY EVALUATE PERFORMANCE DURING THE APPRAISAL PERIOD. DISCUSS HOW SUCCESSFUL THE EMPLOYEE WAS IN MEETING THE SPECIFIC OBJECTIVES OUTLINED FOR THIS APPRAISAL PERIOD. MENTION OTHER NOTEWORTHY ACHIEVEMENTS. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

II. JOB-RELATED FACTORS DISCUSS PRINCIPAL STRENGTHS AND AREAS FOR IMPROVEMENT IN FACTORS AFFECTING THE EMPLOYEE'S PERFORMANCE, SUCH AS TECHNICAL AND HUMAN RELATIONS SKILLS, PROBLEM SOLVING AND DECISION MAKING SKILLS, WORK COMMITMENT, AND TIME MANAGEMENT.

RATING: _____ DATE COMPLETED: _____

SUPERVISOR'S SIGNATURE: _____

OFFICE DIRECTOR'S/
PROJECT DIRECTOR'S SIGNATURE: _____

III. EMPLOYEE COMMENTS:

EMPLOYEE'S SIGNATURE: _____

DATE: _____