



SUNY Polytechnic Institute Performance **EVALUATION** for Management Confidential Employees

Employee's Name:
Office or Department:
Title:
Initial Appt. Date:

Date:
Evaluation Period
from: to
Immediate Supervisor:

**The following criteria may not be all inclusive and are not intended to limit the supervisor in his/her determination of appropriate criteria for the performance evaluation. Please comment on the below areas as they were established during the performance program. If different or additional criteria were established in the current performance program, you may attach additional sheets where appropriate.*

- I. **Effectiveness in Performance:** (As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues.) Explain below.

- II. **Mastery of Specialization:** (As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field.)

- III. **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.)

- IV. **Effectiveness in University Service:** (As demonstrated, for example, by such things as successful committee work, participation in local campus and University governance and involvement in campus- or University-related student or community activities.)

- V. **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.) Explain below.



VI. **Other:** (Attitudes, cooperation, dependability, motivation, etc.) Explain below:

VII. **Additional Comments:** (In this area identify commendable performance and/or areas in need of improvement. Was the commitment to diversity, equity and inclusion met?)

VIII. **Performance Summary:**

(In this section, provide an overall performance rating for the evaluation period.)

Check One:

_____ **Satisfactory**

_____ **Unsatisfactory**

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Supervisor's Supervisor

Date



Distribution:

Original: Official Personnel File
Copies: Employee
Evaluating Supervisor
Supervisor's Supervisor