



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

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

**Date:**  
**Evaluation Period**  
from \_\_\_\_\_ to June 30, 2022  
**Immediate Supervisor:**

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*\*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 program. Please use the below template as a guide to determine employee performance program. You may attach additional sheets where appropriate.*

**I. The nature of the professional employees duties and responsibilities:**

**II. Supervisory Relationships:**

Who does the employee supervise, if any?

**III. Functional Relationships:**

(Primary offices this person works with).

**IV. Short-Term Objectives:**

(Objectives to be achieved during the evaluation period)

Provide leadership, oversight and direction to direct reports to assure goals, programs, activities, and personnel practices are consistent with and contribute to the Institution's goals and strategies. Design and implement operating strategies, plans and procedures to assure smooth functioning of SUNY Poly. Lead employees for maximum performance and dedication. Complete performance management feedback and goals per requirements.

**V. Long-Term Objectives:**

(Development of programs, professional development, participation in University activities, improvement of certain administrative skills, etc.)



## VI. Evaluative Criteria:

(To be used to determine if the duties, responsibilities, and objectives have been achieved)

The criteria outlined below are examples presented for descriptive and explanatory purposes only. If you wish to establish criteria, they should be included in this area. Check (X) where appropriate and include comments underneath.

- **Effectiveness in Performance** (As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues.) Explain below.
  
- **Mastery of Specialization:** (As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field.) Explain below.
  
- **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.) Explain below.
  
- **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.) Explain below.
  
- **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.
  
- **Other** (Attitudes, cooperation, dependability, attendance, motivation, etc.) Explain below.



**VII. Other comments:**

Of significant importance to our campus community is diversity, equity and inclusion (DEI). DEI is integral to the success of our faculty, staff and students and enriches our campus experience. Therefore, as a member of the M/C staff, you will be expected to demonstrate your commitment to DEI through your professional activities. You will be asked to provide documentation of your contributions and efforts prior to your next performance review.

Furthermore, there will be required trainings mandated by both SUNY Poly and law not just on matters of DEI but also on numerous other topics that are important to the success of our community that may include but not be limited to Title IX, DEI, and Public Officer's Law. SUNY Poly is a learning institution always striving to incorporate new inclusive ideas into our teaching, research and service. As a member of our community, your contributions are invaluable and a fundamental gateway to a healthy, inclusive, respectful, welcoming, safe environment for all of our faculty, staff and students.

\_\_\_\_\_  
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