



PROFESSIONAL EMPLOYEE'S PERFORMANCE PLAN

Name: _____ Title: _____

College/Calendar Year: _____

Type of Appointment: _____
(temporary, term, probationary, permanent, M/C)

Evaluator Name: _____ Title: _____

Supervisor Name: _____ Title: _____

Administrative Supervisor: _____ Title: _____

Indicate the number of personnel in the same title in this function/department/division: _____

I.DUTIES (list major duties of position in descending order of importance)

II.OBJECTIVES

A.Objectives for this period (the supervisor will establish objectives based on the duties and responsibilities of the position, cite specific plans for the achievement of stated objectives when appropriate):

B.Long Term Objectives:

III.ORGANIZATION CHART FOR THIS POSITION (use functional titles and grades only, not names)

Positions reporting to the same supervisor, along with this position (if more than four others report to the same supervisor, show the most representative):

Positions supervised by this position:

IV.INTERFUNCTIONAL RELATIONSHIPS (offices with whom this person works)

V.OTHER SOURCES FOR EVALUATION:

(when other sources, e.g. other agencies, offices, or individuals, will be involved with employee's performance, the supervisor, after discussion with the employee, will determine to what extent these sources will be consulted in the evaluation process)

(Optional for Professional Staff) Please find below my comments:

Professional Staff: _____
Signature (no digital signature please) Print Name Date

Supervisor: _____
Signature (no digital signature please) Print Name Date

Administrative Supervisor: _____
Signature (no digital signature please) Print Name Date