

Professional Employee Evaluation Report

Go to http://www.goer.state.ny.us/cna/current/uuppsnu/08appa28.html to review guidelines for professional employee evaluations.

Name of Employee

Budget Title

Local Descriptive Title

Immediate Supervisor

This Evaluation Report is based on the performance program established for this employee for the period

I. Instructions to immediate supervisor

from

- A. Prepare a preliminary evaluation report based upon the current performance program and develop a new performance program. Evaluate commendable performance and areas needing improvement. Include a summary statement of information gained from secondary sources, identified in the performance program. Assign the employee a rating from "superior" to "unsatisfactory." Recommend as appropriate concerning renewal or non-renewal, promotion, inequity, discretionary salary increase, or other actions affecting the professional employee. (Evaluations are absolutely required to support these recommendations).
- B. Meet with the employee to discuss the preliminary evaluation and a new performance program. Review with the employee at this meeting the extent to which secondary sources influenced the evaluation report. If an evaluation is characterized as "unsatisfactory", the basis for this characterization shall also be part of the discussion.
- C. Prepare the final evaluation report and provide the employee with a copy as soon after completion as practicable, but not less than forty-five (45) calendar days prior to the notification date for non-renewal of a term appointment for a professional employee serving on such appointment.

II. Final Evaluation Report

Evaluate the degree to which general duties and responsibilities and specific goals and objectives outlined in the performance program have been met.

Final Evaluation Report (continued)		

III.	Summary statement from secondary sources	
IV.	Commendable performance and/or areas needing imp	provement
V.	Summary Characterization (Must check either Satisfactory may also indicate level of satisfaction) Satisfactory: Superior Highly effective Satisfactory (needs improvement) Unsatisfactory	or Unsatisfactory. If Satisfactory,
VI.	Recommendations Renewal Non-Renewal Promotion (attach Appointment/Status Change Form) Inequity adjustment DSI Market Value Expanding Workload	Salary increase of: Salary increase of: Salary increase of: (DSI Minimum \$1,000)
VII. Employee Self Assessment/Comments A. Discuss how successful you were in meeting each of the specific goals established for this review.		
	Discuss ways in which goal setting and feedback have been you improve your performance.	used during this review period to help

Signatures:			
Immediate Supervisor:	Date:		
The Pro	fessional Employee		
I have reviewed this evaluation with my immediate supervisor. My signature means that I have received and discussed the final evaluation report. If I wish to make additional comments, I will have a written, dated, and signed statement prepared to be appended to this document. I understand that I have a right to a review of this evaluation by the Committee on Professional Evaluation if my performance has been characterized as "unsatisfactory". I further understand that, should I desire to invoke this right, I must inform, in writing, my immediate supervisor, the Chair of the Committee on Professional Evaluation, and the College President or designee within ten (10) working days of receipt of this report. I agree disagree with this performance evaluation:			
	Professional Employee's Signature		
	Date		
xc: Employee Immediate Supervisor Secondary Level Supervisor (if any) Personnel File (original) NOTE: Checklists and/or other assessment instruments used by the immediate supervisor should be attached to the final evaluation report.			