

**STATE U N IVE R S ITY OF N EW YOR K**

Human Resources, Diversity & Inclusion Haggerty 601 • x 3171 • Fax: x 3956

**UUP STAFF PERFORMANCE EVALUATION**

*Reference: Appendix A-28 of the UUP Agreement*

Employee Name Immediate Supervisor Budget Title Date prepared / /

Perf. Program for the period to Department Local Title Date reviewed with employee / /

Overview of responsibilities:

Observed Strengths:

Observed Areas of Growth: (How has this individual gained skills and incorporated feedback?)

Duty/Responsibility: (A work activity / action that an employee takes when performing his or her job)

Performance Objective: (*Specifies the desired outcome or result of the work activity including a timeline and how you will   
measure success*)

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Duty/Responsibility:

Performance Objective:

Performance Feedback:

Short-Term Development Objectives [Learning Goals]: (*Skills or knowledge to gain over the next evaluation period*

*and how you will measure success*)

Performance Feedback:

Short-Term Performance Objective [Functional Goals]: (*Goals to be accomplished during the next evaluation period*

*including a timeline and how you will measure success*)

Performance Feedback:

**PERSONAL EFFECTIVENESS/SKILLS FOR SUCCESS:**

**Scoring:**

**1-4** Needs Improvement: Performance in this area indicates considerable opportunity for improvement in relation to current job requirements.

**5-9** Acceptable/Satisfactory: Performance in this area meets all expectations in relation to current job requirements. Some opportunity for development or improvement possible.

**10-15** Performance Strength: Performance in this area is clearly outstanding in relation to current job requirements. Little or no need for development or improvement.

**N/A** Not Applicable

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| --- | --- |
| **SCORE** | **SKILL DESCRIPTION** |
|  | **Adaptability:** Remaining Flexible and effective in time of challenge and change |
|  | **Building Relationships:** Collaborating effectively and motivating others to accomplish the goals of the University |
|  | **Collegiality:** Working with colleagues toward a common purpose—respecting each other’s abilities to work toward that purpose |
|  | **Communication:** Listening and conveying information clearly |
|  | **Conflict Management/Problem-Solving:** Identifying problems and solutions; settling disputes in an equitable manner |
|  | **Customer Service:** Demonstrating respect, responsiveness and professionalism toward others, in accordance with New Paltz’s reputation for excellence |
|  | **Ethics:** Embracing ethical behavior in general and, specifically, adhering to New Paltz’s core values, as well as applicable federal, state, and system rules and requirements |
|  | **Flexibility:** Willingness to change or compromise |
|  | **Innovation:** Ability to introduce new ideas; original and creative in thinking |
|  | **Organizational Skills:** Effectively organizing, planning, coordinating resources, and meeting deadlines |
|  | **Risk Management:** Effectively identifying and assessing exposure to risk within our system and determining how best to manage such situations |
|  | **Supervision:** Creating a climate of trust and mutual respect for employees; managing employee’s performance in alignment with the mission and goals of the department or unit and consistent with relevant policies and collective bargaining agreements; delegating authority appropriately, and managing resources effectively to provide the best service possible while enabling employees to achieve their work goals |
|  | **Team-Building:** Building trust with staff and other co-workers |
|  | **Valuing Diversity:** Appreciating differences among all individuals |
|  | **Other:** |

**Supervisory Relationships:** (Individuals this employee supervises)

Name: Name: Name: Name:

Title:

Title:

Title:

Title:

**Secondary Sources:** (Agencies, office, or individuals which will be involved with the performance of the employee and may affect the employee’s ability to achieve the stated objectives)

Name: Name: Name:

Title: Title: Title:

Relationship: Relationship: Relationship:

**Summary Characterization:**

Satisfactory (please note any areas of concern or opportunities for development in the evaluation)

Unsatisfactory

**Reappointment Recommendations:**

Recommending renewal (if appropriate)

Not recommending renewal

Recommending permanent appointment (if applicable)

N/A

**I have read and have had an opportunity to discuss the above performance evaluation with my immediate supervisor.**

Date:

*Signature of Employee*

Date:

*Signature of Supervisor*

**Distribution:** Original: *Official Personnel File Copies: Employee, Immediate Supervisor*