



New Paltz  
STATE UNIVERSITY OF NEW YORK

Human Resources, Diversity & Inclusion  
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# UUP STAFF PERFORMANCE PROGRAM

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

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Employee Name \_\_\_\_\_ Perf. Program for the period \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Budget Title \_\_\_\_\_ Local Title \_\_\_\_\_

Date prepared \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date reviewed with employee \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Program     Previous Program Affirmed     Updated Performance Program

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Overview of responsibilities:

Observed Strengths:

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)

Duty/Responsibility:

Performance Objective:

Duty/Responsibility:

Performance Objective:

Duty/Responsibility:

Performance Objective

Duty/Responsibility:

Performance Objective:

Duty/Responsibility:

Performance Objective:



Duty/Responsibility:

Performance Objective:

Short-Term Development Objectives [Learning Goals]: *(Skills or knowledge to gain over the next evaluation period and how you will measure success)*

Short-Term Performance Objective: (Goals to be accomplished during the next evaluation period including a timeline and how you will measure success)

**PERSONAL EFFECTIVENESS/SKILLS FOR SUCCESS:**

Please identify if the skill is **Essential (E)**, **Beneficial (B)** or **Not applicable (N)** for performing the job functions of this individual's role by circling the corresponding letter.

JOB RELEVANCE	SKILL DESCRIPTION
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Adaptability:</b> Remaining Flexible and effective in time of challenge and change
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Building Relationships:</b> Collaborating effectively and motivating others to accomplish the goals of the University
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Collegiality:</b> Working with colleagues toward a common purpose—respecting each other's abilities to work toward that purpose
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Communication:</b> Listening and conveying information clearly
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Conflict Management/Problem-Solving:</b> Identifying problems and solutions; settling disputes in an equitable manner
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Customer Service:</b> Demonstrating respect, responsiveness and professionalism toward others, in accordance with New Paltz's reputation for excellence
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Ethics:</b> 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
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Flexibility:</b> Willingness to change or compromise
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Innovation:</b> Ability to introduce new ideas; original and creative in thinking
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Organizational Skills:</b> Effectively organizing, planning, coordinating resources, and meeting deadlines
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Risk Management:</b> Effectively identifying and assessing exposure to risk within our system and determining how best to manage such situations
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Supervision:</b> 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
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Team-Building:</b> Building trust with staff and other co-workers
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Valuing Diversity:</b> Appreciating differences among all individuals
<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> N	<b>Other:</b> _____

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ 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: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Employee* Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Supervisor* Date: \_\_\_\_\_

**If the supervisor and the employee do not concur on the performance program, the employee has the right to attach a statement within ten (10) working days of receipt of the performance program.**

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