

# Professional Employee Performance Program Cover Sheet

Employee Name: \_\_\_\_\_

Employee Title and Department: \_\_\_\_\_

Period Covered by this Performance Program: \_\_\_\_\_

Note: this is the period from the point the employee acknowledged the new Performance Program to the next evaluative date. (Example: July 1, 2016 - June 30, 2017)

Immediate Supervisor Name: \_\_\_\_\_

Immediate Supervisor Title and Department: \_\_\_\_\_

**The discussions which result in either a change in the existing performance program or a renewal of the existing performance program should consider the following, as described in the Agreement on Performance Review of Professional Employees (Article 4.V, pp. 7-9). See that section of the Agreement for more information.**

- 1. Nature of the professional employee's duties and responsibilities**
- 2. Supervisory relationships**
- 3. Functional relationships**
- 4. Immediate and long-term objectives**
- 5. Criteria for evaluating achievement of objectives (including *effectiveness in performance, mastery of specialization, professional ability, effectiveness in university service, and continuing growth*)**
- 6. Secondary reviewers, if any**

I have read and understand the attached performance program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

**Note: "If the immediate supervisor and the employee do not concur on the performance program, the employee has the right to attach a statement to the performance program within 10 working days from receipt." (see Agreement, Article 4.V.6.b, p. 9)**

**The performance program, including this cover sheet with signatures and attached statements, if any, must be entered into the employee's performance review file prior to the completion of the "Review by Immediate Supervisor" step in the review process. The evaluation period cannot start prior to the date upon which the employee receives a copy of the written performance program.**