

Performance Program
United University Professions (UUP) Employees

Employee Name: _____

State Title: _____

Campus Title: _____

Supervisor: _____

Period of Evaluation: _____

1.

Estimated Percentage of Time	Responsibilities	Performance Criteria

2. **Functional Relationships:** Primary internal and external contacts.

3. **Objectives for Evaluation Period:**

4. **Long Term Objectives:**

5. **Secondary sources to be consulted:** Identify positions, offices or agencies to be contacted as a part of the evaluation process. (Prior consultation with employee required.)

6. **Employee comments:**

We have consulted and understand the significance of the above performance program:

Supervisor Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Signature of Employee: _____ Date: _____

Distribution: Original - Personnel File, Copies - Employee, Supervisor