

**Performance Program  
Professional Service Negotiating Unit Employees  
Morrisville State College**

**Employee Name:**

**Title:**

**Supervisor:**

**Date:**

**Period of Evaluation:**

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1. Est. % of time	Responsibilities	Performance Criteria
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**2. Functional Relationships: Primary internal and external contacts.**

3. Objectives for evaluation period:

4. Long term objectives:

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

6. Employee comments:

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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