



Professional Employee Evaluation Report

Go to <http://www.goer.state.ny.us/cna/current/uuppsnu/08appa28.html> to review guidelines for professional employee evaluations.

Name of Employee _____

Budget Title _____

Local Descriptive Title _____

Immediate Supervisor _____

This Evaluation Report is based on the performance program established for this employee for the period

from _____

(date)

to _____

(date)

I. Instructions to immediate supervisor

- A. Prepare a preliminary evaluation report based upon the current performance program and develop a new performance program. Evaluate commendable performance and areas needing improvement. Include a summary statement of information gained from secondary sources, identified in the performance program. Assign the employee a rating from “superior” to “unsatisfactory.” Recommend as appropriate concerning renewal or non-renewal, promotion, inequity, discretionary salary increase, or other actions affecting the professional employee. (Evaluations are absolutely required to support these recommendations).
- B. Meet with the employee to discuss the preliminary evaluation and a new performance program. Review with the employee at this meeting the extent to which secondary sources influenced the evaluation report. If an evaluation is characterized as “unsatisfactory”, the basis for this characterization shall also be part of the discussion.
- C. Prepare the final evaluation report and provide the employee with a copy as soon after completion as practicable, **but not less than forty-five (45) calendar days prior to the notification date for non-renewal of a term appointment** for a professional employee serving on such appointment.

II. Final Evaluation Report

Evaluate the degree to which general duties and responsibilities and specific goals and objectives outlined in the performance program have been met.

Final Evaluation Report (continued)

Signatures:

Immediate Supervisor: _____

Date: _____

The Professional Employee

.....
I have reviewed this evaluation with my immediate supervisor. My signature means that I have received and discussed the final evaluation report. If I wish to make additional comments, I will have a written, dated, and signed statement prepared to be appended to this document. I understand that I have a right to a review of this evaluation by the Committee on Professional Evaluation if my performance has been characterized as “unsatisfactory”. I further understand that, should I desire to invoke this right, I must inform, in writing, my immediate supervisor, the Chair of the Committee on Professional Evaluation, and the College President or designee within ten (10) working days of receipt of this report.

I agree disagree with this performance evaluation:

Professional Employee’s Signature

Date

xc: Employee
Immediate Supervisor
Secondary Level Supervisor (if any)
Personnel File (original)

NOTE: Checklists and/or other assessment instruments used by the immediate supervisor should be attached to the final evaluation report.