

MANAGEMENT CONFIDENTIAL

 PERFORMANCE PROGRAM

Employee’s Name: Name Date: Select date

Office/Department: Department name

Program Period: Select date to Select date

Campus Title: Campus title MP Rank:

Budget Title: Budget title

Appointment Date: Select date

Immediate Supervisor/Title: Name/Title

**DESCRIPTION OF EMPLOYEE’S DUTIES AND RESPONSIBILITIES (please include supervisory responsibilities):**

Click here to enter text.

**OBJECTIVES**

**Short-term objectives** to be accomplished during the next evaluation period. Objectives should be written using the SMART approach (Specific, Measurable, Achievable, Relevant and Time bound)

Click here to enter text.

**Long-term objectives** may include program or professional development, continuing education or training, improvement of skills or research. (A tentative timetable for achieving long-term objectives should be identified.)

Click here to enter text.

I have read and understand this Performance Program

Signature of Employee Date

Signature of Supervisor Date

**Distribution**

Original: Office Personnel File

Copies: Employee

Supervisor