

**Management/Confidential (M/C) Employees**

**Performance Program**

Employee Name

Department

Performance Program Period      \_\_\_\_\_\_\_\_\_\_\_\_\_ to      \_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Immediate Supervisor

It is the policy of the University to evaluate annually the performance of all Management/Confidential employees. For this reason, and to facilitate the evaluation process, the following Performance Program is submitted.

**A. Responsibilities:**

List major areas of assigned responsibility.

1.

2.

3.

4.

5.

**B. Professional Objectives:**

List specific work objectives for the time period covered by this performance program.

1.

2.

3.

4.

5.

**C. Criteria:**

List the criteria for evaluating the professional objectives for the period in question.

1.

2.

3.

4.

5.

**D. Supervisory Relationships:**

List employees or departments supervised.

1.

2.

3.

4.

SUNY Fredonia prides itself on an outstanding workforce and a safe, collegial, working environment. To support organizational excellence, *SUNY Fredonia employees shall be knowledgeable of, understand, and comply with all applicable Federal and State laws and SUNY Fredonia Policies.* This includes completion of all compliance training. Failure to comply with university policies may lead to disciplinary action, up to and including termination, subject to the terms and conditions of the prevailing collective bargaining agreement.

**M/C Staff Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

cc: Official Personnel File

Employee

Supervisor