

**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 individuals, 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

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