



PROFESSIONAL PERFORMANCE PROGRAM

Employee _____ Program _____ for the Period _____ to _____

Immediate Supervisor _____
Name Title Department

Program to be prepared and returned to the Office of Human Resources Management

DIRECTIONS to supervisors:

- On a separate sheet of paper, in cooperation with the employee, prepare a draft statement of the activities to be performed and the objectives to be attained during the program period. Below is a listing of suggested topics to be covered and criteria to be evaluated. This listing of topics and evaluative criteria are examples presented for descriptive and explanatory purposes only.

SUGGESTED AREAS OF JOB PERFORMANCE

- Objectives to be achieved during rating period
- Duties and responsibilities
- Supervising relationships
- Evaluative criteria to be used to determine the degree to which objectives have been met

SUGGESTED EVALUATIVE CRITERIA

- EFFECTIVENESS IN PERFORMANCE** (As demonstrated by carrying out assigned duties, efficiency, productivity, etc.)
- MASTERY OF SPECIALIZATION** (Demonstrated by degrees, licenses, honors, awards, etc.)
- PROFESSIONAL ABILITY** (By invention or innovation in professional, scientific, administrative or technical areas. Development or refinement in programs, methods, procedures or operations.)
- EFFECTIVENESS IN UNIVERSITY SERVICE** (Committee work, governance, student or community activities.)
- CONTINUING GROWTH** (Continuing education, professional organizations, training programs, etc.)
- OTHER** (Attitudes, cooperation, dependability, etc.)

- After discussion with the employee, prepare in final form and obtain the employee's signature.
- Provide a copy to the employee. Forward original to supervisor for review and signature then to Human Resources, UAB-300.
- The Office of Human Resources Management will maintain the original in the employee's personnel file. Only if comments and/or changes are made after employee signature will copies be distributed to employee and immediate supervisor. Programs without comments/changes will be copied only upon request.

I have reviewed the Performance Program with the employee.

I have read and understand my Performance Program as hereby presented.

Immediate Supervisor Signature Date

Professional Employee Signature Date

ADMINISTRATIVE ACKNOWLEDGMENTS:

I have reviewed the Performance Program for the above-named professional employee.

Comments, if any:

Supervisor's Supervisor Name

Signature Date