

PERFORMANCE MANAGEMENT MEMORANDUM
YORK COLLEGE CLT SERIES
Part I

Employee Name _____

Functional Title _____ Payroll Title _____

Date of Evaluation _____ Period of Evaluation _____

Supervisor/Evaluator _____ Department Head/Chair _____

I. CUNY CORE COMPETENCIES: The descriptions of the core competencies provide a sampling of the types of behaviors an employee should demonstrate if they possess competency in that area. Your assessment should encompass the overall range of behavior. Please provide comments about the employee's strengths and weaknesses in each of the core competencies identified below.

A. Communication - Communicates oral and written information concisely in a form appropriate to the target audience. Listens effectively, seeks and provides timely, frank, honest feedback.

Competency's Priority:

Critical Necessary Useful

Performance assessment for this competency:

1. Outstanding 2. Effective 3. Needs Improvement 4. Unsatisfactory 5. Not Observed

Comments:

B. Interpersonal - Treats people with respect and fairness. Demonstrates interest and concern for others. Recognizes the need for strong professional internal and external relationships. Makes commitments and fulfills promises. Handles adversarial interactions with sensitivity.

Competency's Priority:

Critical Necessary Useful

Performance assessment for this competency:

1. Outstanding 2. Effective 3. Needs Improvement 4. Unsatisfactory 5. Not Observed

Comments:

C. Customer Service - Successfully meets internal and external customer needs within acceptable timeframe needs. Advocates for customers. Provides satisfaction by utilizing available resources.

Competency's Priority:

Critical Necessary Useful

Performance assessment for this competency:

1. Outstanding 2. Effective 3. Needs Improvement 4. Unsatisfactory 5. Not Observed

Comments:

D. Professionalism - Demonstrates knowledge of and commitment to the practices of the field.

Practices high standard of behavior within an occupation. Respects and maintains the confidentiality of all appropriate issues and information. Consistently improves professional knowledge through learning, practices and teaching.

Competency's Priority:

Critical Necessary Useful

Performance assessment for this competency:

1. Outstanding 2. Effective 3. Needs Improvement 4. Unsatisfactory 5. Not Observed

Comments:

E. Diversity - Demonstrates commitment in practice and philosophy to all Federal, State and City EEO laws and University policies and procedures regarding diversity in the workplace. Shows and fosters respect and appreciation for each person.

Competency's Priority:

Critical Necessary Useful

Performance assessment for this competency:

1. Outstanding 2. Effective 3. Needs Improvement 4. Unsatisfactory 5. Not Observed

Comments:

II DOMAIN RELATED COMPETENCIES: Select 1 or 2 domain competencies (technical skills) that are important to the employee's position responsibilities and identify and rate them below.

Part II

I. PROFESSIONAL GROWTH AND DEVELOPMENT:

A. Particular Strengths of Employee

B. Areas to be Improved and Developed - (Indicate means for making improvements.)

C. Projected Goals and Targets for the Coming Year - (To be completed for the next evaluation.) Include any changes/additions to the employee's key responsibilities. Include goals and targets for the coming year. These should be related to department, division and college goals.

D. Contributions to the College Community

II. OVERALL RATING

In my opinion the overall rating for the period covered by this performance management memorandum is: (Check One)

- 1 = Outstanding (Exceeds goals)
- 2 = Effective (Meets Goals)
- 3 = Needs Improvement (Does not meet all goals)
- 4 = Unsatisfactory (Does not meet goals)..

Signature: _____

Supervisor

Date: _____

Additional pertinent information influencing the rating:

III. EMPLOYEE'S COMMENTS:

I have received a copy of this evaluation. I understand that my signature means only that I have read this memorandum and that I may attach any comments I wish (see above, EMPLOYEE's COMMENTS)

Signature: _____

Employee

Date: _____