

GOAL SETTING FORM – STAFF

EMPLOYEE INFORMATION

Employee Name:		Employee ID:	
Position Title:		Department:	
Evaluation Period:	From: To:	Review Date:	
Supervisor Name:		Supervisor Title:	

Section A: Proposed Goals

Core Performance Goals:

- Primary job function objectives
- Key deliverables and projects
- Operational excellence targets

Goal 1:	
Success Metrics:	
Target Completion Date:	

Goal 2:	
Success Metrics:	
Target Completion Date:	

Goal 3:	
Success Metrics:	
Target Completion Date:	

Professional Development Goals:

- Skill enhancement objectives
- Training and certification completion
- Knowledge sharing and mentoring activities

Goal 1:	
Success Metrics:	
Target Completion Date:	

Goal 2:	
Success Metrics:	
Target Completion Date:	

Section B: Professional Competencies

- Communication and Collaboration
- Leadership and Mentoring
- Adaptability and Continuous Learning
- Professional Conduct and Values Alignment

Section C: Development Plan

Training and Development Priorities

Skill Development Needs:

<input type="checkbox"/> Technical Skills:	
<input type="checkbox"/> Leadership Skills:	
<input type="checkbox"/> Communication Skills:	
<input type="checkbox"/> Other:	

Recommended Training/Development Activities:	
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Timeline for Development Activities:	
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Resources Required:	
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Section D: Signatures and Approvals

Employee Acknowledgment

Employee Comments:	
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Employee Signature:	Date:
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I acknowledge that I have reviewed these performance goals with my Supervisor and concur with these goals, metrics, and target completion dates.

Supervisor Certification

Supervisor Comments:	
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Supervisor Signature:	Date:
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