|  |
| --- |
| Classified Employee Goal Setting Form |
| NAME: Click here to enter text. CLASSIFICATION: Click here to enter text. |
| LOCATION: Click here to enter text. DATE OF NOTIFICATION: Click here to enter text. |
| ON/OFF CYCLE:  EVALUATOR: Click here to enter text. |
| HIRE DATE: Click here to enter text. |
| SETTING: Click or tap here to enter text. CONFERENCE DATE: Click or tap here to enter text. |
| (To be completed with assigned evaluator during goal-setting conference)  Goals are to be based on the evaluation criteria, established by mutual agreement and developed to assist the employee in current position (minimum of 1; maximum of 3) |
|  |
| Goal(s) for this period. **Click or tap here to enter text.** |
| Objectives (How do you plan to implement this goal or goals): **Click or tap here to enter text.** |
| Administrative assistance to employee in meeting goal(s) and objectives: **Click or tap here to enter text.** |
| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |
|  |
| Periodic Review (Optional)  Click or tap here to enter text. |
| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Goal Setting Form to be completed within 10 days for probationary employees; by 11/01 of evaluation year for permanent employees |