



Goal Setting Form

Employee Information

Employee Name: _____
 Employee ID: _____
 Job Title: _____ Department: _____
 Manager: _____
 Date: _____ Review Period: **to** _____

Instructions

Goals should always be: **S** – Specific **M** – Measurable **A** – Achievable **R** – Realistic **I** – Time Bound

1. **Goal/Objective.** Briefly describe each goal/objective and when the goal/objective should be met or accomplished.
2. **Measurement.** How will the goal/objective be evaluated? (Use quantitative measures such as % or dollar increase in revenue or market share and/or use qualitative measures which are descriptive of criteria.)
3. **Importance.** Rank the goal as Essential, Important, or Desirable as follows:
Essential – required for job performance
Important – helpful for job performance
Desirable – asset for job performance

1st Goal/Objective

Description:

Measurement:

Importance: Essential Important Desirable

2nd Goal/Objective

Description:

Measurement:

Importance: Essential Important Desirable



3rd Goal/Objective

Description:

Measurement:

Importance: Essential Important Desirable

4th Goal/Objective

Description:

Measurement:

Importance: Essential Important Desirable

5th Goal/Objective

Description:

Measurement:

Importance: Essential Important Desirable

Employee Signature

Supervisor Signature

Print Name

Print Name