

## Goal Planning for \_\_\_\_\_

*To be completed by employee and supervisor.*

Employee Name:

Employee ID:

Supervisor Name:

Each participant should use this form and opportunity to set professional goals as well as personal development goals that are in alignment with supervisor expectations.

### **Goal:**

Action Steps:

Collaborators:

Created Date:

Target Date:

Completed

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Action Steps:

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Created Date:

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Action Steps:

Collaborators:

Created Date:

Target Date:

Completed

*Signature indicates all parties have discussed goal planning for the year of \_\_\_\_\_.*

Immediate Supervisor (Print Name/Sign/Date)

Employee (Print Name/Sign/Date)