



# 2023 Goal Planning

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

Goal:

Action Steps:

Collaborators:

Created Date \_\_\_\_\_

Target Date \_\_\_\_\_

Completed

Goal:

Action Steps:

Collaborators:

Created Date \_\_\_\_\_

Target Date \_\_\_\_\_

Completed

Signature indicates all parties have discussed 2023 goal planning.

\_\_\_\_\_  
Immediate Supervisor (Print Name/Sign/Date)

\_\_\_\_\_  
Employee (Print Name/Sign/Date)