



**Goal Setting Document (form 1)**

Employee name:	Review period (i.e. year):
Position title:	Department:

Individual Goal:

Related to a specific library goal:

Key Activities / Procedures (What do you need to do to accomplish the goal?)	Measurement (How do you know the goal and/or activity / procedure is completed?)	Resources Needed (What do you need to accomplish the goal and/or activities/procedures?)	Time Frame (When will the goal and/or activities/procedures be done?)

Employee signature \_\_\_\_\_

Date \_\_\_\_\_

Employer signature \_\_\_\_\_

Date \_\_\_\_\_