Goal Planning Worksheet

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

1st Goal/Objective

Describe each goal or objective.

How will the goal be evaluated?

Importance: ☐ Essential ☐ Important ☐ Desirable

Start Date: Completion Date:

2nd Goal/Objective

Describe each goal or objective.

How will the goal be evaluated?

Importance: ☐ Essential ☐ Important ☐ Desirable

Start Date: Completion Date:

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