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**Goal Setting Form**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. Goal Type:****❑ Assigned ❑ Participative ❑Self Set** |
| **2. Describe the specific goal.** |
| **3. How will the goal be measured or quantified?** |
| **5. Specific methods to be employed in attaining of the goal.**  |
| **6. Why is the goal relevant to your work or the work of the organization?** |
| **7. What is the time frame for completion of this goal?**  |

**To Be Completed by Supervisor:**

**Challenging nature of goal – considering time frame, and other relevant factors.**

 **(*1 being least challenging, 5 being most challenging*)**

**❑1 ❑2 ❑3 ❑4 ❑5**

**Comments:**

**Goal Status:**

**❑ Approved ❑ Returned for Revision ❑ Rejected Form**

**Goal Setting Form**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **1. Goal Type:****❑ Assigned ❑ Participative ❑ Self Set** |
| **2. Describe the specific goal.**  |
| **3. How will the goal be measured or quantified?**  |
| **5.** **Specific methods to be employed in the attainment of the goal.**  |
| **6. Why is the goal relevant to your work or the work of the organization?** |
| **7. What is the time frame for completion of this goal?**  |

**To Be Completed by Supervisor:**

**Challenging nature of goal – considering time frame, and other relevant factors.**

 **(*1 being least challenging, 5 being most challenging*)**

**❑1 ❑2 ❑3 ❑4 ❑5**

**Comments:**

**Goal Status:**

**❑ Approved ❑ Returned for Revision ❑ Rejected**

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_