**Professional/Professional Faculty**

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| **Identification Information** | | | | |
| Employee Name |  | Banner ID | |  |
| Working Title |  | Position # | |  |
| Evaluation Period | From 5-1-Last Year | | To 4-30-Current Year | |
| Department |  | Division | |  |
| Supervisor’s Name |  | Supervisor’s Position # | |  |
| Reviewer’s Name |  | Reviewer’s Position # | |  |

Identify 3-5 performance goals or objectives for the upcoming year. Well-written goals meet specific criteria. “SMART” criteria can be used as a guideline to establish goals: Specific, Measurable, Attainable, Realistic, and Time-bound.

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| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal #1: |  | |
| Mid-Year Check In: | Date:  On Track  Not On Track | |
| **Mid-Year Feedback** | | |
| Employee Comments: |  | |
| Manager Comments: |  | |
| **Goal Adjustment** | | |
| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal: |  | |
| Comments: |  | |

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| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal #2: |  | |
| Mid-Year Check In: | Date:  On Track  Not On Track | |
| **Mid-Year Feedback** | | |
| Employee Comments: |  | |
| Manager Comments: |  | |
| **Goal Adjustment** | | |
| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal: |  | |
| Employee Comments: |  | |
| Manager Comments: |  | |

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| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal #3: |  | |
| Mid-Year Check In: | Date:  On Track  Not On Track | |
| **Mid-Year Feedback** | | |
| Employee Comments: |  | |
| Manager Comments: |  | |
| **Goal Adjustment** | | |
| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal: |  | |
| Employee Comments: |  | |
| Manager Comments: |  | |

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| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal #4: |  | |
| Mid-Year Check In: | Date:  On Track  Not On Track | |
| **Mid-Year Feedback** | | |
| Employee Comments: |  | |
| Manager Comments: |  | |
| **Goal Adjustment** | | |
| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal: |  | |
| Employee Comments: |  | |
| Manager Comments: |  | |

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| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal #5: |  | |
| Mid-Year Check In: | Date:  On Track  Not On Track | |
| **Mid-Year Feedback** | | |
| Employee Comments: |  | |
| Manager Comments: |  | |
| **Goal Adjustment** | | |
| Weight (optional): | % of 100% | Target Completion Date: |
| Performance Goal: |  | |
| Employee Comments: |  | |
| Manager Comments: |  | |

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| **General Comments** |
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**Signatures and verifications**

I have reviewed these performance goals with my supervisor and was given an opportunity to provide comments in the section above.

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and approved these performance goals.

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_