

Performance Objectives (Recommended)

(This form may be attached to the Performance Review Form that must be turned in to HRS at the end of the review period.)

EMPLOYEE NAME: _____ DEPARTMENT: _____
 JOB TITLE/POSITION NUMBER: _____ SUPERVISOR: _____
 PERFORMANCE REVIEW CYCLE: FROM: _____ TO: _____

Objectives
<ul style="list-style-type: none"> ▪ With reference to the positions major functions, list specific, measurable objectives which should be continued and/or completed during the review period. ▪ Identify keys to success for achieving each objective. For example: resources, tools or other kinds of support. ▪ Objectives should be mutually agreed upon by the employee and the supervisor.

Signatures: The employee, supervisor, and/or Dean/Director sign to acknowledge the collaborative creation and discussion of objectives and an understanding of expectations.

Employee **Date** **Supervisor** **Date** **Dean/Director** **Date**

Review of Objectives
<ul style="list-style-type: none"> ▪ It is highly recommended that supervisors and employees meet twice throughout the performance period to discuss the progress made towards the identified objectives. ▪ Please, indicate overall progress in the appropriate spaces below. ▪ Progress notations include, <ul style="list-style-type: none"> – No Progress Made (No progress has been made on any of the listed objectives.) – Progress Made (Progress has been made on one or more of the listed objectives.) – Objectives Fulfilled (All objectives listed have been fulfilled.) ▪ If objectives are modified during the performance period, you may include the description of changes in the Comments field.

Objective Progress Review

Review Date:	Progress Status:
Comments:	

Objective Progress Review

Review Date:	Progress Status:
Comments:	

Final Objective Evaluation

Comments:
