



ANNUAL PERFORMANCE REVIEW: GOALS & EXPECTATIONS

EMPLOYEE INFORMATION	
Employee Name: _____	Supervisor Name: _____
Position Title: _____	Supervisor Title: _____
Department: _____	Rating Period: _____ to _____

Use this form for initial planning sessions, coaching, or when responsibilities, standards, or expectations must change.

RESPONSIBILITIES: Essential duties and responsibilities as identified in the functional job description.

PERFORMANCE STANDARDS and EXPECTATIONS: Objectives to be accomplished during this rating period.

ACKNOWLEDGEMENT: A discussion of duties, responsibilities, performance standards, and expectations for the current period took place on the date below. We acknowledge our understanding of these items and how they will be used to measure work-related performance during this period.

Supervisor's Signature

Date

Employee's Signature

Date