



# Classified Performance End of Year Goals Assessment

Classified Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_ Unit Manager Name: \_\_\_\_\_

☐ Informal Year

☐ Formal Year

## Goal #1:

| Guide                                                                                                                                    | Summary |
|------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Review of Progress:</b><br>Describe your progress on Goal 1, using the data and information available. This may include work samples. |         |
| <b>Reflection on Results/Accomplishment:</b><br>Share insights into your results on Goal 1.                                              |         |
| <b>Performance Growth Implications:</b><br>How might you use this data to assist in the planning of your future professional growth?     |         |

## Unit Manager Assessment/Comments (Goal #1):

\_\_\_\_\_

## Goal #2:

| Guide                                                                                                                                    | Summary |
|------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Review of Progress:</b><br>Describe your progress on Goal 2, using the data and information available. This may include work samples. |         |
| <b>Reflection on Results/Accomplishment:</b><br>Share insights into your results on Goal 2.                                              |         |
| <b>Performance Growth Implications:</b><br>How might you use this data to assist in the planning of your future professional growth?     |         |

## Unit Manager Assessment/Comments (Goal #2):

\_\_\_\_\_

## Follow up:

\_\_\_\_\_

## Signatures:

To be signed after the annual informal or formal performance review meeting.

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

\_\_\_\_\_  
Unit Manager Signature/Date