



EMPLOYEE GOALS SETTING

CORPORATE PLUMBING SYSTEM

Name: _____

Position: _____ Department: _____ Location: _____

Report To: _____ Position: _____ Year: _____

| Goal | Deliverable(s) | Due | Results | Action Required |
|------|----------------|------------------------------|---|---|
| 1 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 2 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 3 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 4 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 5 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |



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|------|----------------|------------------------------|---|---|
| 6 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 7 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 8 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 9 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |
| 10 | | <input type="checkbox"/> Q 1 | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> No Action Required |
| | | <input type="checkbox"/> Q 2 | | |
| | | <input type="checkbox"/> Q 3 | | |
| | | <input type="checkbox"/> Q 4 | | |



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| | | | | | |
|-----------------------------------|--|------------|--|-------|--|
| Initiated By (Manager): | | Signature: | | Date: | |
| Employee Acknowledgement: | | Signature: | | Date: | |
| Q1 Review Completed By (Manager): | | Signature: | | Date: | |
| Q1 Employee Acknowledgement: | | Signature: | | Date: | |
| Q2 Review Completed By (Manager): | | Signature: | | Date: | |
| Q2 Employee Acknowledgement: | | Signature: | | Date: | |
| Q3 Review Completed By (Manager): | | Signature: | | Date: | |
| Q3 Employee Acknowledgement: | | Signature: | | Date: | |
| Q4 Review Completed By (Manager): | | Signature: | | Date: | |
| Q4 Employee Acknowledgement: | | Signature: | | Date: | |