



Louisville Metro
Government

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Goal Setting

Managers should work with their employee to determine goals for the employee during the next review cycle. Progress towards these goals will be evaluated in the mid-year and annual review conversations. Remember, goals should be **SMART**: Specific, Measurable, Achievable, Relevant, and Time-bound.

Employee name _____ Manager name _____
Employee ID _____ Time period for goals _____
Employee department _____

Section I: Core Responsibilities & Goals

What will I accomplish through my daily work to help my department and Metro Government as a whole achieve its mission? Determine 2-3 goals related to core responsibilities and daily work that are aligned with department goals recorded in the current Strategic Plan (available in Sharepoint > LMG Strategic Planning > Choose your department from the right-hand dropdown menu).

Example:

Describe responsibility: *Provide support to users by responding to calls from the Service Desk system.*
Department goal supported: *#2. Provide outstanding customer service*
SMART goal: *Achieve 95% satisfaction rating from my Service Desk customers from Jan. to Dec. 2014.*

Core Responsibility #1

Describe responsibility _____
Department goal supported _____
SMART goal _____

Core Responsibility #2

Describe responsibility _____
Department goal supported _____
SMART goal _____

Core Responsibility #3 (optional)

Describe responsibility _____

Department goal supported _____

SMART goal _____

Section 2: Individual Development Goals

What will I do to continuously improve myself, my working environment, and the way I do my daily work? Set 1-2 goals related to personal and professional growth. If desired, use the Metro HR Individual Development Plan to help develop long- and short-term career goals, and pick 1-2 to focus on here

Individual Development Goal #1

SMART goal _____

Why _____

Individual Development Goal #2 (optional)

SMART goal _____

Why _____

Support and resources needed

What does the employee need to be successful? Describe what is needed and how it will be provided.

Additional comments**Signatures**

I certify that I have reviewed this document

Employee signature _____ Date _____

Manager signature _____ Date _____

Director signature _____ Date _____