

Associate Name \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Location \_\_\_\_\_

**Copy annual goals and percentage of weight from the performance plan into the goals sections below. Complete the feedback section with specific examples or descriptions of the performance in that area and rate (0-100) the percentage of the goal that was achieved during the year.**

Annual Goal 1

Comments

<b>Goal 1 Weight</b>	%	<b>Percent Achieved</b>	%	<b>Weighted Score</b>		
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Annual Goal 2

Comments

<b>Goal 2 Weight</b>	%	<b>Percent Achieved</b>	%	<b>Weighted Score</b>		
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Annual Goal 3

Comments

<b>Goal 3 Weight</b>	%	<b>Percent Achieved</b>	%	<b>Weighted Score</b>		
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Annual Goal 4

Comments

<b>Goal 4 Weight</b>	%	<b>Percent Achieved</b>	%	<b>Weighted Score</b>		
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Annual Goal 5

Comments

<b>Goal 5 Weight</b>	%	<b>Percent Achieved</b>	%	<b>Weighted Score</b>		
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Annual Goal 6

Comments

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Goal 6 Weight	%	Percent Achieved	%	Weighted Score	
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ACTION PLANS

Describe the performance that needs to improve and set a target date to meet the goal

Action Plan

Action Plan

Associate's Signature and Date

Direct Supervisor's Signature and Date

TOTAL WEIGHTED SCORES