THE UNIVERSITY of MISSISSIPPI

Development Plan: Goals, Objectives and/or Priorities

Period: _____ *(i.e., July 1 – Sept 30)*

Name as it appears in SAP: _____

Department: _____

Submitted by: _____

Goal, Objective and/or Priority #1	C	B/I	N/A
Item:			
Action Steps & Milestones including target dates:	*Additional Notes regarding completion:*		
1.			
2.			
3.			
Completion Date:			
Support:			
This goal is aligned with or directly supports the University's mission, vision, core values, and/or creed. Yes No			

Goal, Objective and/or Priority #2	C	B/I	N/A
Item:			
Action Steps & Milestones including target dates:	*Additional Notes regarding completion:*		
1.			
2.			
3.			
Completion Date:			
Support:			
This goal is aligned with or directly supports the University's mission, vision, core values, and/or creed. Yes No			

Goal, Objective and/or Priority #3	**C**	**B/I**	**N/A**
Item:			

Action Steps & Milestones including target dates:
1.

2.

3.

Completion Date:

Support:

This goal is aligned with or directly supports the University's mission, vision, core values, and/or creed.   Yes   No

Additional Notes regarding completion:

End of Period

Manager's Comments

Comment on how the employee performed. Where applicable, describe additional goals, initiatives, or priorities assigned to the employee and results the employee achieved.

Manager's Signature: _____ Date: _____

Employee's Comments:

Comment on the most challenging aspects and the most rewarding aspects.   Additional goals, objectives, or priorities for future interest. Issues to review. Resources needed. Additional comments.

Employee Signature: _____ Date: _____