



Name:	Department:
Mid Year Review Date:	Final Review Date:

#	Objective Detail – Include Specific Steps To Achieve Objective (milestone dates)	Wgt %	Dependencies (Identify Responsible Employees and Specific Events)	Due Date / Actual Date	Eligible for Partial Credit? Y/N
1					
2					
3.					



4.					
5.					
6.					
Weights Should Total 100%					
Emp Sig:	Date:	Mgr. Sig.	Date:	CEO Sig.	Date:



Scoring Worksheet

#	Wgt %	Score %	<i>Achievement Levels –(Complete at Beginning of YEAR)—Describe Specific Measurable Achievements For Each</i>					
			100%	90%	80%	70%	50%	0%
Total Score:								
Final Scoring Accepted:								
Emp Sig:			Date:		VP Sig:		Date:	