

**EAST SAN GABRIEL VALLEY REGIONAL OCCUPATIONAL PROGRAM & TECHNICAL CENTER
ANNUAL "SMART" GOALS**

Employee Name: _____	Position: _____
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School Year: _____	Work Location: _____
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List your three annual SMART Goals *(submit to Human Resources by September 30th)*

The above listed goals have been mutually agreed upon by the employee and supervisor.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Evidence of achievement for above listed goals *(submit to Human Resources by April 15th)*

Employee Signature: _____ Date: _____

Supervisor Comment Section:

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Supervisor Signature: _____ Date: _____