



MCC Performance Goals – Fiscal Year 2026-2027

Employee Information:	
Employee Name:	Performance Goal Evaluation Year: 2026-2027
Job Title:	Date:
Department:	Supervisor:

Section I: Performance Goals

(This should include Performance Goals for the next fiscal/evaluation year. You will complete the "Goal" and "Performance Metric" sections in March/April/May for what you would like to achieve in the next fiscal/evaluation year. In March/April/May of the next fiscal/evaluation period during the annual evaluation review you will update the "Goal Status") – [Additional Performance Goals](#)

Goal <i>(What you want to achieve during the next fiscal/evaluation year)</i>	Performance Metric <i>(How will you achieve your goal and how will you know it has been achieved)</i>	Goal Status: <i>Met/Partially Met/Unmet</i> <i>(Complete at conclusion of fiscal/evaluation year during annual evaluation review)</i>

Section II: Professional and Personal Training and Development

(This should include Professional and Personal Training and Development that you would like to participate in and/or are required to participate in during the next fiscal/evaluation year) – [Additional Development Pages](#)

Training & Development Planned/Requested <i>Fiscal Year 2026-2027</i> <i>(What training and development opportunities you would like to participate in and/or are you required to participate in during the next fiscal/evaluation year)</i>	Desired Outcome <i>(What outcome do you anticipate or hope to achieve by participating)</i>	Status: <i>Met/Partially Met/Unmet</i> <i>(Complete at conclusion of fiscal/evaluation year during annual evaluation review)</i>

Establishment of Performance Goals/Training Development: *To be Signed March/April/May 2027*

My signature below indicates that I have established goal and training/development opportunities for the next fiscal/evaluation year and have discussed this information with my supervisor.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Review of Performance Goals/Training Development Completion/Outcome: *To be Signed March/April/May 2027*

My signature below indicates that I have reviewed the completion status and outcomes of the goals and training/development opportunities identified for this fiscal/evaluation year and have discussed this information with my supervisor. I understand that my MCC Performance Goals will be forwarded to the HR Office and placed in my personnel file.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____