\*To be turned in with March 2014 Budget

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| --- | --- |
| Account Name | Office/Department/Division Name |
| Account Number(s) | Banner Account Number |
| Person(s) Responsible | Enter name or titles of person/people responsible for this goal |
| Scheduled Completion Date (if applicable) | This date must be within the respective fiscal year. |
| Budget Requested | This applies only to *extra* funds requested for this specific purpose. |
| College-Wide Goal | Choose a goal from the list of College-wide goals that are linked to the 2010-2015 Strategic Plan. |
| College Targets/Baselines | Use the Targets/Baselines given on the College-wide list. |
| Unit Objective | This is the goal for the individual office/department/division. |
| Assessments To Be Used | How will you track this goal? What measures will you use? A formal survey or evaluation tool does not have to be used. (Ex. Tracking completions or enrollment from Banner/Argos) |
| Plan of Action | Provide a brief explanation of what the office/department/division will do to meet this unit objective. |
| Budget Manager’s Signature |  |
| Supervisor’s Signature |  |
| Date |  |
| Evaluation of Results | Was the Unit Objective met? Provide actual results.  |
| Use of Results | What will be done with the results of the assessment? How will the office/department/division move forward?  |
| Comments | Were any changes made mid-year that altered the unit objective? Is additional documentation supplied?  |
| Date Completed |  |
| Budget Manager’s Signature |  |
| Supervisor’s Signature  |  |
| Date |  |