INDIVIDUAL CAREER DEVELOPMENT PLAN

EMPLOYEE:_____ CSUB ID:_____

CURRENT POSITION: DEPARTMENT:

PLEASE DESCRIBE YOUR EDUCATIONAL OBJECTIVES:

GOALS

SHORT-TERM	MID-POINT	LONG-TERM
1-2 YEARS	3-5 YEARS	OVER 5 YEARS

HOW DO YOUR GOALS RELATE TO PERSONAL AND/OR WORK-RELATED NEEDS?

I HAVE ALREADY ACCOMPLISHED THE FOLLOWING:

EMPLOYEE'S SIGNATURE:_____ DATE:_____

Supervisor's Review:
I HAVE REVIEWED THIS INDIVIDUAL CAREER DEVELOPMENT PLAN WITH MY EMPLOYEE.

_____ _____
IMMEDIATE NON-BARGAINING UNIT SUPERVISOR'S SIGNATURE DATE

Human Resources Office:

DATE PLAN REVIEWED:_____ APPROVED: YES _____ NO_____

Original-HR Copy-Appropriate Administrator Copy-Employee

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