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INDIVIDUAL DEVELOPMENT PLAN

Employee Name: Employee Job Title:

Supervisor Name: Supervisor Job Title:

Department: Current date:

|  |
| --- |
| Key Task Assignment:  Performance Plan:  1.  2.  3.  Success Criteria: |
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Additional Key Expectations for Successful Performance:

1.

2.

3.

4.

5.

Next Steps:

Ongoing performance communication and review is critical to success. Planned periodic reviews are scheduled for the following dates:

Review date:

Review date:

Review date:

Supervisor’s Signature: Date:

Employee’s Signature: Date:

Manager’s Signature: Date:

(If required)