

INDIVIDUAL CAREER DEVELOPMENT PLAN

EMPLOYEE: _____ CSUB ID: _____
CURRENT POSITION: _____ DEPARTMENT: _____

PLEASE DESCRIBE YOUR EDUCATIONAL OBJECTIVES:

<u>1-2 YEARS</u>	<u>MID-POINT</u> 3-5 YEARS	<u>LONG-TERM</u> OVER 5 YEARS

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 _____