



Career Development Plan

EMPLOYEE NAME	CURRENT CLASSIFICATION	DEPARTMENT
---------------	------------------------	------------

CAREER GOALS (Include Positions shown in The CSU Salary Schedule and Work Areas of Interest)

SHORT RANGE (Immediate)	MIDDLE RANGE (1 to 3 years)	LONG RANGE (3 to 5 years)
-------------------------	-----------------------------	---------------------------

DEVELOPMENTAL OBJECTIVES*	FORMAL TRAINING (Accomplished and Planned)	DEVELOPMENTAL ASSIGNMENTS*	EVALUATION OF DEVELOPMENT PROGRAM
		OTHER ACTIVITIES*	

1. EMPLOYEE SIGNATURE I have discussed my Development Plan with my immediate supervisor and received a copy of this form.	DATE	2. MANAGEMENT IMMEDIATE SUPERVISOR'S APPROVAL	DATE
		3. SENIOR MANAGEMENT APPROVAL	DATE
		4. HUMAN RESOURCES MANAGEMENT	DATE

*Include scheduled date(s) and, as necessary, attach additional information. Please refer to the appropriate Administrative Procedures: *including, Fee Waiver Program, Performance Appraisal, and Specialized Training.*