

INDIVIDUAL DEVELOPMENT PLAN		PURPOSE OF PLAN ("X" one): <input type="checkbox"/> CAREER INTERN <input type="checkbox"/> TRAINING NEEDS SURVEY <input type="checkbox"/> VRA <input type="checkbox"/> UPWARD MOBILITY <input type="checkbox"/> SUPERVISORY/MANAGERIAL DEVELOPMENT <input type="checkbox"/> OTHER (Specify) _____					
NAME OF EMPLOYEE		POSITION TITLE, PAY PLAN, SERIES, AND GRADE				OFFICE SYMBOL	
DEVELOPMENT NEEDS <i>(e.g., improve writing skills, increase knowledge of ...)</i>	PRIORITY	SOURCE OF DEVELOPMENT <i>(e.g., course, vendor, on-job-training, rotational assignment, etc.)</i>	BEGINNING DATE FY QTR		TUITION/ REGISTRATION COST	TDY AND PER DIEM COST	MAN- HOURS
CERTIFICATION: I certify that the training, development, or education identified in this plan constitutes a valid management need for maximum performance of mission requirements and has been developed for the purpose of increasing the employee's performance in his or her current position or to prepare him or her for an identified target assignment.							
EMPLOYEE'S SIGNATURE AND DATE		SUPERVISOR'S SIGNATURE AND DATE			REVIEWING OFFICIAL'S SIGNATURE AND DATE		

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