Employee Development Plan

Employee Name:_____ Position Title: _____ Date Developed: _____ Date Last Revised: _____

A. Key objectives and core competencies

List top 3-5 business objectives for this year:	List core competencies for position:	
1.	1.	4.
2.	2.	5.
3.	3.	6.

B. Competency gaps and action plan

List top 2-3 core competencies that need development	**List key gaps for each core competency**	**Briefly state how you will close each gap**	**Target completion date**	**Status R/Y/G**
1.	1.	1.		
2.	2.	2.		
3.	3.	3.		

C. Comments/Notes – to be noted during Manager & Employee progress review of development plan

Status: Green – completed; Yellow – incomplete/plan in place to achieve objective; Red – not achieved/no plan in place

Manager's Name:_____ Signature: _____ Date Reviewed: _____

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