**INDIVIDUAL DEVELOPMENT PLAN**

**CY \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salary Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. years in the position occupied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department / Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **No. of years at MMSU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAREER DEVELOPMENT:**

**TRAININGS TO BE ATTENDED FOR CY \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Title of Training / Seminar** | **Place/ Date** | **Hours** |
|  |  |  |
|  |  |  |
|  |  |  |

**TRAINING / DEVELOPMENT INTERVENTIONS FOR LONG TERM GOALS (CY\_\_\_\_\_\_)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA FOR DEVELOPMENT** | **DEVELOPMENT ACTIVITY** | **TARGET COMPLETION DATE** | **WHO IS RESPONSIBLE** | **COMPLETION STATUS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SHORT TERM TRAINING / DEVELOPMENT GOALS (FOR CY \_\_\_\_\_\_\_)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AREA FOR DEVELOPMENT** | **PRIORITY FOR IDP** | **DEVELOPMENT ACTIVITY** | **TARGET COMPLETION DATE** | **WHO IS RESPONSIBLE** | **COMPLETION STATUS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**CERTIFICATION AND COMMITMENT**

|  |
| --- |
| This is to certify that my Career Development Plan has been discussed with my immediate supervisor and that I will exert time and effort to ensure that my Individual Development Plan is achieved according to agreed time frames.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Name |
| This is to certify that I commit to support and ensure that this agreed Individual Development Plan of my faculty/staff is achieved according to the agreed time frames.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediate Supervisor (Department Chair/ Chief of Office) Dean/Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Date Signature and Date |
| Approved By:  **DR. SHIRLEY C. AGRUPIS**  Head of Agency |