

## Auxiliary for Sponsored Programs Administration

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## **Individual Career Development Plan**

Employee:	Employee Id#:
Current Position:	Department:

Please Describe Your Educational Objectives:

Short-Term 1-2 Years

## GOALS Mid-Point 3-5 Years

<u>Long-Term</u> Over 5 Years

Date:

Date

How Do Your Goals Relate To Personal And/Or Work-Related Needs?

I Have Already Accomplished The Following:

Employee's Signature:

## Supervisor's Review:

I have reviewed this individual career development plan with my employee.

Immediate Non-Bargaining Unit Supervisor's Signature

Human Resources Office:

Date Plan Reviewed:

Approved: Yes

\_\_\_\_\_ No \_\_\_\_\_