**Staff Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Major Area of Responsibility** | **Performance Expectation(s)** | **Areas for Development** | **Action Plan**  | **Action Plan Completed (Yes or No)** |
| --- | --- | --- | --- | --- |
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I acknowledge receipt of the above Development Plan and my failure to complete it a satisfactory manner may result in formal disciplinary action.

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Employee Signature Date Department Leader Signature Date

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Supervisor Signature Date