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| **Personal Development Plan** | | | |
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| Employee Name: |  | Approved by: |  |
| Position: |  | Position: |  |
| Department: |  | Department: |  |

| **Development Needs** | **How to be Achieved** | **Realistic Target Date** | **Desired outcome or effect on performance and how to be reviewed** |
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| **Actual outcome of development activity:** |
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| **Actual outcome of development activity:** |
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| **Actual outcome of development activity:** |
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| **Actual outcome of development activity:** |

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| Employee Name:  Signature:  Date: |  | Approved by:  Signature:  Date: |  |