

# STAFF FEE WAIVER INDIVIDUAL CAREER DEVELOPMENT PLAN

HUMAN RESOURCES PROGRAMS

Benefits Services ▪ One University Drive ▪ Camarillo, CA 93010

808-437-8490 ▪ 805-437-8491 (fax)

**Instructions:** *Return completed form with required signatures to the Human Resources Programs Fee Waiver Coordinator, Administration Building*

## EMPLOYEE INFORMATION

Name:	Department & Zip:	Semester:
Position:	Bargaining Unit:	Telephone Number:

## EMPLOYEE CAREER DEVELOPMENT PLAN

1. What is your long-range career objective?
2. Have you met with your major department advisor?
3. How will this degree or course of study assist in accomplishing your long-range objectives?
4. How long do you anticipate it will take you to complete your studies?
5. Could you benefit from developmental assignments (on-job training, job rotation, special assignments) in your present office setting? Have you discussed and/or established this possible avenue of training with your supervisor?
6. Have you discussed in detail your developmental plan and long-range objectives with your supervisor?

I realize that Cal State University Channel Islands can only assist me in acquiring skills, training, and academic studies which can equip me to apply for a position, and that Cal State University Channel Islands cannot guarantee that I will receive a promotion or other advancement resulting from my completion of this specific individual career development plan.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**SUPERVISOR SECTION AND APPROVAL**

It is important for each supervisor to discuss this Individual Career Development Plan with the employee. An in-depth knowledge and understanding of the identified goals/objectives of the employee will be of assistance to each supervisor for:

- Consulting and advising the employee in assessing and developing a realistic evaluation plan of the needed skills & knowledge
- Providing and directing developmental work assignments. This creates an experiential learning environment, which coordinates and compliments with the coursework being pursued.

1. What plans have you discussed and/or considered for on-the-job development with this employee?

2. Additional comments:

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative/Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE WAIVER ADVISOR SECTION AND APPROVAL**

It is necessary for each employee filing for career development to meet with an advisor/counselor prior to submitting this Individual Development Plan to the Human Resources Service Group for approval. Add comments as you deem necessary after reviewing this plan with the employee.

1. Does the plan seem realistic, within the individual's potential?

2. Does the employee need (check all that apply):  General Education advising  Academic subject advising

Advisor/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

**HUMAN RESOURCES SERVICE GROUP REPRESENTATIVE SECTION AND APPROVAL**

Employee Individual Career Development Plan

Approve  Disapprove

Disapproval explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Human Resource Signature: \_\_\_\_\_ Date: \_\_\_\_\_