

## Personal Development Plan

Skills Performance Gap	Outcomes Expected	Suggested training and /or development activity	Suggested mode of delivery	Suggested Time Frames	Work opportunity created to practice skill/development area	Support Person
1.						
2.						
3.						

Signed and accepted by the Employee

\_\_\_\_\_

Date: \_\_\_\_\_

Signed by the Municipal Manager on behalf of the Municipality

\_\_\_\_\_

Date: \_\_\_\_\_