

Originally Issued: June 2013

Form Owner: Director of Human Resources

**Professional Development Plan for Non-Exempt Employees**

**Name**: Click here to enter text. **Position Title**: Click here to enter text.

**Salary Schedule & Grade:** Click here to enter text. **Current Educational Level:** Click here to enter text.

**Discipline/Field of Study:** Click here to enter text.

**Current Certification/Licensing:** Click here to enter text.

**Activities for Professional Development include:**

**1. Goals for higher educational level/certification/licensing/endorsements/course**

Click here to enter text.

**2. Additional Work Experience**

Click here to enter text.

**3. Workshops/seminars/conferences**

Click here to enter text.

**4. In-service or other training (including local and state professional development)**

Click here to enter text.

**5. Service on university committees/additional university responsibilities**

Click here to enter text.

**6. Improvement activities resulting from evaluation (attach copy of most recent evaluation)**

Click here to enter text.

**7. Other relevant activities (including supervisory responsibilities, organization and facilitation**

**responsibilities, job complexity)**

Click here to enter text.

Employee Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By Vice President/Dean Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By President: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_