

Career Advancement Plan

Employee Information

Employee Name

Current Position

Department

Date

Short-Term Goals (6-12 months)

List goals and objectives for the short term

Long-Term Goals (1-5 years)

Describe your career aspirations and targets for the long term

Skills and Competency Assessment

What are your current strengths and areas for improvement?

Development Activities

Activity	Expected Outcome	Timeline
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Support Needed

What support, resources, or training would help you achieve your goals?

Review & Sign-Off

Employee Signature

Manager Signature

Review Date