

# Workplace Competency Development Plan

Name:

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Position/Role:

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Department:

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Date:

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## 1. Targeted Competencies

Competency	Current Level	Desired Level
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## 2. Development Actions

Action/Activity	Resources Needed	Timeline	Expected Outcome
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## 3. Success Measures & Evidence

Describe how you will measure success and evidence to be gathered.

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## 4. Progress Review

Enter review notes, challenges, and next steps.

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Employee Signature:

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Date:

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Manager Signature:

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Date:

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