

Individual Employee Learning Plan

Employee Name

Position/Role

Department/Unit

Supervisor

Plan Start Date

Plan End Date

Learning Goals

E.g. Improve data analysis skills, enhance customer communication...

Learning Activities

Activity	Resource/Method	Target Date	Expected Outcome
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Success Criteria / Evidence of Learning

Describe how success will be measured or evidenced

Additional Notes

Employee Signature Date

Supervisor Signature Date