Reset Form

Reporting Requirement: MC-12410-01

CY 2012 INDIVIDUAL DEVELOPMENT PLAN NON-SUPERVISORY PERSONNEL

1. Employee Name (Last, First, M.I.):	2. Current Position, Series and Grade:	3. Organization:

4. Short Run Development Goals (Immediate, Within a Year):

a) Meet annual training requirements ☐	**List other short-term goals in the space below:**
b) Attend College classes ☐	
c) Certification ☐	

5 a). Developmental Objectives: (Knowledge, Skills & Abilities Needed)	**5 d) Formal Training**	**Date Completed**	**5 d) Formal Training (continued)**	**Date Completed**
	Mandatory Training for Non-Supervisory Personnel		**Mandatory Training for New Employees--90days**	
	Antiterrorism ☐		New Employee Orientation ☐	
	Combating Trafficking in Persons-due 30 Sep ☐		Acculturation ☐	
	Computer Security "Information Assurance Training" ☐		☐	
	Counterintelligence Awareness ☐		☐	
	Drug-Free Workplace for Employees ☐		**Other Training (Job Skills Training, College Courses)**	
5 b). Developmental Assignments/Conferences: (Identify type, dates, lengths, and locations if possible. Include planned conferences.	Environmental Awareness ☐		☐	
	EEO (POSH, EEO, No Fear Act) ☐		☐	
	Lethal Keystrokes ☐		☐	
	Personally Identifiable Information-due 30 June ☐		☐	
	Privacy Act-due 30 June ☐		☐	
	Records Management ☐		☐	
	Safety Training - General ☐		☐	
5 c). Leadership Programs Planned	Specialized Safety - Job Specific: List Below ☐		☐	
Marine Corps Civilian Leadership Development (CCLD) ☐	☐		☐	
Aspiring Leader Program ☐	☐		**Foundation Level Competencies- Minimum One Elective**	
New Leader Program ☐	☐		☐	
Executive Leadership Program ☐	☐		☐	
Other:	☐		☐	
	☐			

6. Long Run Career Goals (over the Next Five Years):		
6 a) Objective	**6 b) Developmental Assignments**	**6 c) Formal Training**

7. Rotational Assignments During the Next 12 Months

Check Appropriate Boxes

A. Rotational Assignment Planned ☐ *(Indicate Where In Block 5 b)*

B. Rotational Assignment Not Planned/Required ☐

C. Required Rotational Assignment Completed ☐

8a. Employee Signature	**Date**	8b. Mentor Signature (optional)	**Date**
8c. Immediate Supervisor Signature	**Date**		

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INSTRUCTIONS FOR PREPARING THE INDIVIDUAL DEVELOPMENT PLAN

1. EMPLOYEE NAME = Enter your full name.

2. CURRENT POSITION, SERIES & GRADE = Enter title of position, occupational series, and grade.

3. ORGANIZATION = Enter your Work Section, Division & Department.

4. SHORT RUN DEVELOPMENT GOALS = Enter your goals to be attained within one year. This should include the goal "Meet annual mandatory training requirements) and other goals specific to you and your position.

5a. DEVELOPMENTAL OBJECTIVES = Enter the knowledge, skills and abilities you need to develop in order to meet your goals. These should be specific developmental objectives that are to be met by one or a combination of experience or formal training.

5b. DEVELOPMENTAL ASSIGNMENTS = Identify type of assignment (e.g. cross-training, detail, rotational assignment). Include scheduled dates and location if possible.

5c. LEADERSHIP PROGRAMS = Identify any leadership programs you are planning on applying for.

5d. FORMAL TRAINING = Enter all formal training planned for the year. Type X next to the listed classes that apply to you and type in additional courses. Include a scheduled dates if possible.

6. LONG RUN CAREER GOALS (Over the next Five Years) = State your career goals for the next five years from now.

6a. OBJECTIVE = Enter the knowledge, skills, and abilities you need to develop in order to meet your goals. These should be specific developmental objectives that are to be met by one or a combination of experience or formal training.

6b. DEVELOPMENTAL ASSIGNMENTS = Identify type of assignment (e.g. cross-training, detail, rotational assignment).

6c. FORMAL TRAINING = Cite best information available. Include and formal education you are planning in the next five years.

7. ROTATIONAL ASSIGNMENTS DURING THE NEXT 12 MONTHS = Check the appropriate box (planned , not planned, or completed)

8a. EMPLOYEEE SIGNATURE AND DATE = Sign and date this form. Your signature indicates that you concur with this IDP.

8b. MENTOR SIGNATURE AND DATE = It is recommended that you discuss your IDP with your mentor if you have one. Have that person sign and date this form.

8c. SUPERVISOR SIGNATURE AND DATE = Supervisor's signature indicates concurrence with the employee's IDP