INDICATIONS

An Individual Career Development Plan (ICDP) is a formal plan of course work that will enhance skills in an employee’s current position or qualify an employee for another classification in the CSU. It is also a written record of understanding between the employee and the university and is intended to assist the employee in reaching short- or long-term career development goals. These goals should be mutually beneficial to the university and the employee. Completion of an ICDP does not guarantee a promotion or reassignment to another position.

An ICDP must be completed by all new enrollees in the fee waiver program and revised whenever there is a change in career development goals.

If your ICDP includes a degree objective, you MUST declare a major, complete the matriculation and evaluation process, and be formally admitted into the degree program.

EMPLOYEE INFORMATION

Name_________________________  Empl ID _______________  Contact Phone _______________

Department ___________________________  Email ___________________________

Current Job Classification ___________________________

GOALS & OBJECTIVES

1. Highest level of education completed ___________________________

2. Is your current objective enhancement of work related skills?  __Yes  __No

3. Does your current objective include completing a degree program?  __Yes  __No

   If so, please identify ___________________________

4. If applicable, briefly describe how course work will improve skills required to perform current job duties or newly assigned positions.

   ________________________________________________________________

5. How do your goals relate to the needs of your department, the University and/or the CSU system?
6. Describe the job classification within the CSU which you would ultimately like to have. List any interim positions necessary to attain your overall career objectives.


7. How may the career development courses assist you in meeting the educational or equivalent requirements for another job classification within the CSU?


Employee Signature ___________________________________________ Date __________

APPROVALS

Manager

Name ______________________________ Signature ___________________________ Date __________

Director/Dept. Head

Name ______________________________ Signature ___________________________ Date __________

Fee Waiver Program Designee (HR)

Name ______________________________ Signature ___________________________ Date __________