

5-YEAR INDIVIDUAL DEVELOPMENT PLAN

For use of this form, see ER 350-1-420; the proponent agency is CEHR-D.

INITIAL SUBMISSION UPDATE

PRIVACY ACT STATEMENT

AUTHORITY: Section 4103 of Title 5 to U.S. Code authorizes collection of this information. Collection of your Social Security Number is authorized by Executive Order 9397.

PRINCIPAL PURPOSE: This information will be used by staff management personnel and the Corps of Engineers Human Resources Office, servicing your locality, to plan and/or schedule training and development activities.

ROUTINE USES: If your activity uses the information furnished on this form for purposes other than those indicated above, they will provide you with additional statements reflecting those purposes.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION.

Furnishing the information on this form, including your Social Security Number, is voluntary.

1. NAME <i>(Last, First MI)</i>	2. SSN	3. DEVELOPMENTAL PERIOD	4. CAREER PROGRAM	5. POSITION TITLE / GRADE	6. ORGANIZATION
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SECTION I - DEVELOPMENTAL OBJECTIVES *(Skills / Performance Enhancement, Career Accomplishments, etc.,)*

1. SHORT-TERM OBJECTIVES	2. LONG-TERM OBJECTIVES <i>(3-5 Years)</i>
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SECTION II - REQUIRED TRAINING *(Priority 1 or 2)*

COURSE TITLE/NUMBER	a. PRIORITY	b. COURSE VENDOR	c. DATE REQUIRED (YYYYMMDD)	d. HOURS	e. TUITION	f. EST. TR/PD
1						
2						
3						
4						
5						
6						
7						

SECTION III - RECOMMENDED TRAINING *(Priority 2 or 3)*

COURSE TITLE/NUMBER	a. PRIORITY	b. COURSE VENDOR	c. DATE REQUIRED (YYYYMMDD)	d. HOURS	e. TUITION	f. EST. TR/PD
1						
2						
3						
4						
5						
6						
7						

SECTION IV - DEVELOPMENTAL ASSIGNMENTS REQUIRED / RECOMMENDED (LTT, Rotational Assignments, etc.)

TYPE OF ASSIGNMENT	a. LOCATION	b. PROPOSED DATES (YYYYMMDD)
1		
2		
3		
4		
5		
6		
7		

SECTION V - TRAINING OR SELF DEVELOPMENT COMPLETED DURING LAST FY

TRAINING COURSE OR DEVELOPMENT ACTIVITY	a. HOURS	b. LOCATION	c. COMPLETION DATE (YYYYMMDD)
1			
2			
3			
4			
5			
6			
7			

SECTION VI - SIGNATURE CERTIFICATIONS

I CERTIFY THAT I WILL SUPPORT THE TRAINING AND / OR DEVELOPMENT OUTLINED IN THIS IDP AND WILL RECOMMEND APPROVAL OF TRAINING COSTS IN EACH FY BUDGET. I HAVE COUNSELED THE TEAM MEMBER FOR WHOM THIS IDP HAS BEEN PREPARED AND CONCUR WITH TRAINING DOCUMENTED.

1a. DATE (YYYYMMDD)	b. IMMEDIATE SUPERVISOR'S SIGNATURE	2a. DATE (YYYYMMDD)	b. APPROVING OFFICIAL'S SIGNATURE
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I HAVE BEEN COUNSELED REGARDING MY CAREER GOALS AND TRAINING OR DEVELOPMENT NEEDED TO ACHIEVE THESE GOALS. I HAVE INCLUDED ONLY GOALS THAT I CAN REALISTICALLY EXPECT TO ACHIEVE DURING THE TIME PERIOD SPECIFIED.

3a. DATE (YYYYMMDD)	b. TEAM MEMBER'S SIGNATURE
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