

**Southern West Virginia Community and Technical College
Succession Management Program
Individual Learning Plan**

Employee Name: _____ Current Title: _____

Current Department: _____ Current Date: _____

Time in Position: _____ Appraisal Rating: _____

Time Line for Proposed Plan: 1-3 Years 3-5 Years 5-10 Years 10+ Years

Use this planning document for your professional development proposal. Indicate your preferences and desires for your future career path. Consult with your supervisor on the Action Plan elements that may be appropriate for your situation and goals.

Goal: Desired Career Path or Development Strategies

Please indicate which of the following job strategies would interest you:

- ___ Remain in current position as it is.
- ___ Remain in current position but take on greater responsibilities.
- ___ Promotion to a higher level position in same field.
- ___ Promotion to management position or higher level management position.
- ___ Move to a position of less responsibility that is currently a better fit.
- ___ Lateral transfer to a job at a similar level to learn new duties.
- ___ Relocate to another department, unit, location, or institution.
- ___ Career change to a new field of work.

Comments on Job Strategies:

Assessment of Current Knowledge, Skills and Abilities

Knowledge, skills, abilities, certifications, and licensures you currently possess	Knowledge, skills, abilities, certifications, and licensures required for Goal

Assessment of Current Competencies compared to those required for Proposed Development Strategy

You may refer to the competency library, job descriptions of desired career path position, or your own research for determining competencies needed for career goals.

Current Competencies	Competencies Needed

Action Plan for Development with Time Line

The action plan may include some or all of the following: On-the-job training, cross-functional training, job rotation, special project work, formal training, formal education, mentoring, job shadowing, or other development opportunity.

Action Plan for Development	Proposed Completion Date

Support Needed from Southern:

I understand that approval of this Individual Learning Plan and successful completion of the goals contained herein do not guarantee I will be selected for promotion or movement to vacant positions in the future. I understand this Individual Learning Plan represents an investment in my future and will help me to prepare for opportunities that may become available at Southern or at other institutions.

Signature of Employee

Date

President's Future Leaders Academy Instructor's Comments:

Signature of Instructor

Date

Supervisor's Comments:

Signature of Supervisor

Date

Unit Administrator's Comments:

Signature of Unit Administrator

Date

The final completed Individual Learning Plan is to be submitted to the Director of Human Resources for retention and support for development of learning opportunities for program participants.