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| **EMPLOYEE NAME** |  | CURRENT TITLE |  |
| IC/OFFICE |  | **CURRENT SERIES/GRADE** |  |
| **EMAIL ADDRESS** |  | TELEPHONE NUMBER |  |
| EMPLOYEE’S GOALS STATEMENT: |  |
| SIGNATURE OF EMPLOYEE | DATE | SIGNATURE OF SUPERVISOR | DATE |
| SHORT- RANGE GOALS |
| Desired Skills/Competencies | Developmental Activities | Type of Training(On-The-Job Training (OJT); Self-Development Activities (SDA); Classroom Training (CT) | Date Range |
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| **LONG-RANGE GOALS** |
| Desired Skills/Competencies | Developmental Activities | Type of Training[On-The-Job Training (OJT); Self-Development Activities (SDA); Classroom Training (CT)] | Date Range |
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**NOTES/COMMENTS:**

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