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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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