

Individual Career Development Plan

Instructions: This form is to be used by employees who are participating in the Sonoma State University Fee Waiver Program to develop their Individual Career Development Plan. Please return completed form to the Payroll and Benefits Office, Salazar 2079. Additional pages or supporting documentation may be attached. Questions regarding this form can be directed to 707-664-2793, or fax completed form to 707-664-2024. Individuals in need of a telecommunications relay service may contact the California Relay Services at (877) 735-2929, TTY. Additional information can be found on the Payroll and Benefits website at http://www.sonoma.edu/hr/payroll/benefits/tuitionwaiver.html

Name:	Department Name:
Present Classification:	Phone Ext.:

CAREER GOALS

List or describe the series of positions or classifications which you determine important for you to hold in your preparation for and progression toward your career goals. This may include one position or a series of positions.

How are present and future University needs served by your career goals?

SPECIFIC REQUIREMENTS FOR CAREER GOALS List overall requirements and anticipated completion dates. Education:

ADDITIONAL REQUIREMENTS FOR PREPARATION FOR CAREER GOALS

Include specific information (e.g. course listings) and projected schedule of completion dates, indicating steps to be taken both inside and outside of the Fee Waiver Program. You may attach other sheets if the form does not provide sufficient room. A faculty advisor of the appropriate department should review this plan. Education:

CURRENT TRAINING AND WORK EXPERIENCE

Include projected job assignments within your present position, and volunteer or intern experience outside your present position, which you intend to complete in order to obtain qualification relating to experience for your career goals.

I certify that the plans and requirements I have stated above reflect my career goals. I understand that continued approval of Fee Waiver course work under this plan does require efforts on my part outside the Fee Waiver Program to prepare for career progress and satisfactory completion of course work under the Fee Waiver Program. Additionally, I understand completion of this course work does not guarantee placement and/or promotion to other positions on campus.

Employee Signature	Date	
Appropriate Administrator's Approval Required		
Appropriate Administrator Signature	Date	
PAYROLL & BENEFITS OFFICE USE ONLY Approved Employee Bargaining Unit		
Not Approved	Job Title	
Signature of Fee Waiver Coordinator	Date	