

# Brookhaven National Laboratory Career Development Plan

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature/Date:** \_\_\_\_\_

**Supervisor/Date:** \_\_\_\_\_

**Level 2 Manager/Date:** \_\_\_\_\_

**Career Development Coordinator/Date:** \_\_\_\_\_

**Career Objective** (*General statement of career aspiration*)

**Goals** (*briefly state short term accomplishment that will support your career objective*)

- 1)
- 2)
- 3)
- 4)

Career Development plans are documents drafted by the employee to identify their career related goals. Final approval of the plan will be indicated on the document by the following signatures: 1) the employee; 2) Career Development Coordinator (CDC); 3) first line supervisor; and 4) Level 2 Manager. First line supervisor and Level 2 Manager signatures indicate agreement with defined career path and represent a commitment by line management to support those efforts. CDC signature indicates consultation with the employee and that the plan is entered into the BNL Career Development Program.

Participation in the career development program does not guarantee promotion or advancement; but will assist employee in preparation for the desired goal when and if the opportunity presents itself.

As appropriate, specific steps from the Career Development Plan should be considered for transition into the Employee Goal Performance Appraisal & Goal form.

This plan is a living document that should be reviewed at least annually and revised as necessary to keep goal planning current.

**Goal Action Plan**

*(Complete this page for each goal listed on page one – one goal per page)*

Goal	Targeted Completion Date

Action Steps	Targeted Completion Date
1) 2) 3) 4)	

Resources Required	From Whom/Amount	Date Required
1) 2) 3)		

Barriers Expected	Action to Reduce or Eliminate

**Goal Action Plan**

*(Complete this page for each goal listed on page one – one goal per page)*

<b>Goal</b>	<b>Targeted Completion Date</b>

<b>Action Steps</b>	<b>Targeted Completion Date</b>
1) 2) 3) 4)	

<b>Resources Required</b>	<b>From Whom/Amount</b>	<b>Date Required</b>
1) 2) 3)		

<b>Barriers Expected</b>	<b>Action to Reduce or Eliminate</b>

**Goal Action Plan**

*(Complete this page for each goal listed on page one – one goal per page)*

Goal	Targeted Completion Date

Action Steps	Targeted Completion Date
1) 2) 3) 4)	

Resources Required	From Whom/Amount	Date Required
1) 2) 3)		

Barriers Expected	Action to Reduce or Eliminate

**Goal Action Plan**

*(Complete this page for each goal listed on page one – one goal per page)*

Goal	Targeted Completion Date

Action Steps	Targeted Completion Date
1) 2) 3) 4)	

Resources Required	From Whom/Amount	Date Required
1) 2) 3)		

Barriers Expected	Action to Reduce or Eliminate