

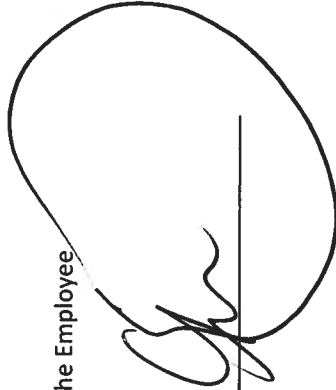


## Personal Development Plan

**EXECUTIVE DIRECTOR: COMMUNITY SERVICES**

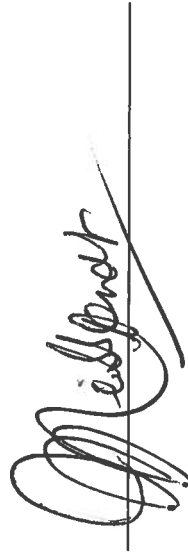
Skills Performance Gap	Outcomes Expected	Suggested training and /or development activity	Suggested mode of delivery	Suggested Time Frames	Work opportunity created to practice skill/development area	Support Person
1. 						
2.						
3.						

Signed and accepted by the Employee

  
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Date: 1/7/2021

Signed by the City Manager on behalf of the Municipality

  
\_\_\_\_\_

Date: 01/07/2021