



INDIVIDUAL DEVELOPMENT PLAN

A. EMPLOYEE'S PROFILE

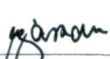

Name (Last, First, MI)	Sex M/F	Age	Position and Salary Grade [Year(s) in the position]	Division/Office	Supervisor's Name	Period (3 years)
JAMOLA. LORNA C.	F	55	UTILITY WORKER II, SG 3 (22 YEARS & 3 MONTHS)	MANAGEMENT SERVICES DIVISION/ ADMINISTRATIVE SECTION	EDEN P. PALACIOS	2023-2025

B. DEVELOPMENT PLAN

(Based on the competency assessment conducted and/or the results of the review of performance, please identify the top gaps or weaknesses among the competencies assessed that the employee needs to focus for development, improvement or enhancement. It would be best to prioritize FIVE (5) developmental areas over a three-year period.)

Development Targets	Developmental Activity	Success Indicators	Planned Completion Date	Means of Verifications	Completed Date	Remarks
OC1 – WRITING EFFECTIVELY (BASIC)	<ul style="list-style-type: none"> Training Workshop Coaching and Mentoring 	Able to write effectively	June 2023	<ul style="list-style-type: none"> Certificate of Completion 		
OC3 - TECHNOLOGY LITERACY AND MANAGING INFORMATION (BASIC)	<ul style="list-style-type: none"> Training Workshop Coaching and Mentoring 	Able to manage information technology	September 2024	<ul style="list-style-type: none"> Certificate of Completion 		

I acknowledge and understand my individual development plan as discussed with my supervisor. I affirm that the development targets and the corresponding details indicated in my IDP will contribute in the delivery of service excellence in the Department. I, therefore, commit to accomplish the targets in the given period.

Employee Signature: 	Date: 4/28/2023	Supervisor Signature: 	Date:
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