



# EMPLOYEE QUARTERLY INDIVIDUAL DEVELOPMENT PLAN

**FOR OFFICIAL USE ONLY**  
RECEIVED DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
UPLOADED DATE: \_\_\_\_\_  
PROCESSED BY: \_\_\_\_\_

- Quarter 1 (January 1 – March 31)     Quarter 2 (April 1 – June 30)     Quarter 3 (July 1 – September 30)     Quarter 4 (October 1 – December 31)

<b>Employee Name:</b>		<b>Job Title:</b>	
<b>Employee ID:</b>		<b>Department:</b>	

**Include any licenses, certificates or CEU requirements for this quarter, as well as any other identified needs.**

SKILL TO BE DEVELOPED	DEVELOPMENT PLAN	TARGET DATE	EVALUATION PLAN	RESULTS ACHIEVED & DATE

<b>Employee Signature:</b>		<b>Date:</b>	
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<b>Supervisor's Name:</b>		<b>Supervisor's Title:</b>	
<b>Supervisor's Signature:</b>		<b>Date:</b>	

**PLEASE RETURN TO HUMAN RESOURCES, CITY HALL 2<sup>nd</sup> FLOOR, or email to [learninginstitute@cctexas.com](mailto:learninginstitute@cctexas.com)**

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