

## Personal Development Plan

**Director: Community Services**

Director Community Services: \_\_\_\_\_

Municipal Manager: M R Up

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. N/A						
2. N/A						
3. N/A						

Signed and accepted by the Employee



Date:

26/6/2024

Signed by the Municipal Manager on behalf of the Municipality



Date: 26/06/2024

Director Community Services: \_\_\_\_\_

Municipal Manager: 

