*\*Maximum duration for any professional growth plan is 6 months*

*\*Any questions regarding this form please contact your Human Resources Partner*

|  |  |
| --- | --- |
| **Name:** | **Date Initiated:** |
| **Department:** | **Proposed Completion Date:** |

|  |
| --- |
| **Current Classification and Career Level:** |

|  |
| --- |
| **Proposed Classification and Career Level:** |

|  |
| --- |
| **Employee Motivation for Career Level Progression:** |

|  |
| --- |
| **Supervisor Motivation for Employee Career Level Progression:** |

Please consult HECCP classification specifications for the next two sections (<http://www.maine.edu/about-the-system/system-office/human-resources/heccp-classification/>)

|  |
| --- |
| **Current Job Responsibilities:** |

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| --- |
| **Future Job Responsibilities:** |

**Action Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Action Steps** | **Milestones/Success Measured** | **Target Completion Date** |
| Job Duty 1 |  |  |  |
| Job Duty 2 |  |  |  |
| Job Duty 3 |  |  |  |
| Job Duty 4 |  |  |  |
| Job Duty 5 |  |  |  |
| Job Duty 6 |  |  |  |
| Job Duty 7 |  |  |  |
| Job Duty 8 |  |  |  |

**Resources Needed/Available:**

|  |
| --- |
| **Individual(s) to contact for networking/support:** |
| **Release Time:** |
| **Financial Costs:**  **Has budget impact been shared? (Y/N):\_\_\_** **Has funding been confirmed/identified? (Y/N):\_\_\_** |
| **Other:** |

**Future Employee/Supervisor Meetings:**

***\*A mid-term review is required***

|  |  |  |
| --- | --- | --- |
| **Purpose** | **Date** | **Time** |
|  |  |  |
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|  |  |  |

**Signatures:**

|  |  |
| --- | --- |
| **Employee Signature:** | **Date:** |
| **Supervisor Signature:** | **Date:** |
| **Area VP Support of Plan Signature:*****(where appropriate)*** | **Date:** |