

**Cal Poly Pomona**  
***Individual Career Development Plan (ICDP)***  
***Guidelines and Instructions***

The following guidelines are issued to assist supervisors and employees in completion of the attached Individual Career Development Plan (ICDP). Completed plans should be returned to the Employee Fee Waiver Coordinator, HR Customer Service Center, Student Services Building 121-Room 2700 West.

- A. Participation is a voluntary activity.
- B. The objectives of the ICDP should be stated in terms of both individual and organizational need.
- C. The means of reaching objectives should be specific and measurable.
- D. The supervisor should give direction to the employee's short and long-range plans by linking job requirements and performances to both current and future assignments within the campus. After preliminary discussion of the ICDP, the supervisor and employee may wish to consult other responsible persons on campus for guidance in developing an employee's long-range career plans.
- E. For formal course work approved under this program, fees can be waived only for employees who meet normal University admission requirements and are enrolled in accordance with normal admission procedure. Permission to take a course during work hours remains at the discretion of the manager for each academic term.
- F. If ICDP is approved and includes academic course work, obtain an Employee Fee Waiver Application. Completion of the Employee Fee Waiver Application is required for each quarter/semester in which classes are to be taken.

**Cal Poly Pomona**  
**INDIVIDUAL CAREER DEVELOPMENT PLAN**

Employee's Name:	Department/College/Division:
Email Address:	Campus Extension:
Current Job Classification:	Working Title:
HEERA Manager:	Manager's Title:
<b>A. Career Goals and Objectives</b>	
1. Short-Range (Please indicate degree program)	
2. Long-Range (Describe positions and/or grades of jobs at the University)	
3. How do your goals relate to the needs of your department, the University and/or the CSU System?	

B. What steps have you completed to date to reach your goals? (If available, please attach supporting records)

1. Education (Describe courses or degree, dates, places and results of education)

2. Developmental Assignments (Describe job rotation or cross training within your present department and other work-related experience)

3. Other Activities (Describe organizational memberships, attendance at meetings, etc.)

C. Based on the information provided in Sections A and B, what specific steps are needed to reach your goals? (Please indicate projected completion date)		
1. Education (Courses to be taken, units required)		
2. Developmental Assignments (Job requirements, cross training or rotation)		
3. Other Activities (Memberships, meetings)		
Employee's Signature:		Date:
D. If assistance is provided in preparing this plan, this section should be completed and signed by the individual who provided guidance. This may include, but is not limited to, a supervisor, faculty advisor, and/or a career counselor. You may attach additional sheets if more than one individual assisted.		
Signature	Title	Date

**E. Individual Career Development Plan – Signature of Approval**

**1. Supervisor:** ☐ **Approve** ☐ **Denied**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**2. Manager (Dean/Director):** ☐ **Approve** ☐ **Denied**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**3. Associate Vice President:** ☐ **Approve** ☐ **Denied**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**4. Vice President:** ☐ **Approve** ☐ **Denied**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**5. Review by Employee Fee Waiver Coordinator:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_