

Department:

WINSTON-SALEM STATE UNIVERSITY

Competency Assessment and Career Development Plan

Division:

FY: 20

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Employee:	Position Title:			
Supervisor:	Position Title:			
Manager:	Position Title:			
Competency Assessment Discussion				
Supervisor Signature:	Date:			
Employee Signature:	Date:			
Manager Signature:	Date:			
Position Competency Level	Employee Competency Assessment			

The employee's signature does not indicate agreement with the overall assessment. The signature only indicates that the instrument was discussed on the dates indicated.

Functional Competency Assessment

Key Functional Competency	Comp. Level	Expectations	Employee demonstration of competency	Level C J A	
Career Development Activities (include Supervisor and Employee responsibilities):					
Comments					
Competency Assessment Discussion					
Employee Comments:					
Supervisor Comments:					