

Learning Plan Agreement

Employee Contact Information

First Name

Last Name

Title

Department

E-mail Address

Phone

Supervisor Contact Information

First Name

Last Name

Title

E-mail Address

Phone

Training and Development Plan

What workshop(s) do you plan to attend?

What skills and/or knowledge do you wish to gain from this workshop?

How will your learning from this workshop help you in your current role and help you achieve your job performance goals?

Supervisor and Employee Agreement

Supervisor: I have reviewed and discussed the employee's learning and development goals and support their enrollment in this workshop. I agree to follow up on the employee's learning and development goals as needed, ensure that they have opportunities to apply their new knowledge and skills to practice, and offer feedback in support of attainment of their goals.

Supervisor's signature

Date

Employee's signature

Date