FAYETTEVILLE STATE UNIVERSITY



#### Competency Assessment and Career Development Plan

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| **Department:**       | **Division:**       | **FY:** 20     -20      |
| **Employee:**       | **Position Title:**       |
| **Supervisor:**       | **Position Title:**       |
| **Manager:**  | **Position Title:**       |

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|  ***Competency Assessment Discussion*** |
| **Supervisor Signature:** | **Date:**       |
| **Employee Signature:** | **Date:**       |
| **Manager Signature:** | **Date:**       |
| **Position Competency Level** | **Employee Competency Assessment** |
| **C [ ]  J [ ]  A [ ]**  | **C [ ]  J [ ]  A [ ]**  |

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

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| **Key Functional Competency** | **Comp.****Level** | **Expectations** |  **Employee demonstration of competency** | **Level** C J A |
|       | [ ]  |       |       |  [ ]  [ ]  [ ]  |
|       | [ ]  |       |       |   [ ]  [ ]  [ ]  |
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| **Career Development Activities (include Supervisor and Employee responsibilities):**      |

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| Comments |
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| ***Competency Assessment Discussion*****Employee Comments:**     **Supervisor Comments:**      |