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:** |