

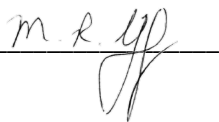
## Personal Development Plan

**Chief Financial Officer**

Director Financial Services: \_\_\_\_\_



Municipal Manager: \_\_\_\_\_



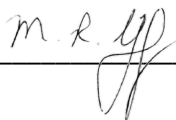
Skills Performance Gap	Outcomes Expected	Suggested training and /or development activity	Suggested mode of delivery	Suggested Time Frames	Work opportunity created to practice skill/development area	Support Person
1.						
2.						
3.						

Signed and accepted by the Employee

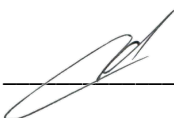
  
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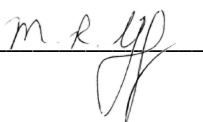
Date: 26/06/2024

Signed by the Municipal Manager on behalf of the Municipality

  
\_\_\_\_\_

Date: 26/06/2024

Director Financial Services:   
\_\_\_\_\_

Municipal Manager:   
\_\_\_\_\_

