



# INDIVIDUAL EMPLOYMENT PLAN

americanjobcenter

Name:

NY#:

Occupational Goal:

O\*Net Code:

Labor Market Outlook:

Statement of present situation (including current occupational and transferrable skills and training):

Brief description in interest in this training plan:

List the skill gaps that currently prevent success in this occupational goal:

Detail supports needed and resources available to assist in the training plans' success:

Training Justification:

## Action Plan:

Training Program	Training Provider	Credential Pursued
Dates of Training:	_____ to _____	
Supportive Services:		

I was advised and received a copy of CSSWFNY Grievance & Discrimination Policies and Procedures.

I declare that the information I have provided in completing All forms are true to the best of my knowledge. I understand that the information I have provided may be subject to verification. I do hereby attest to the accuracy and validity of and assume full responsibility for the content of the application/document and all materials and information used by me in support of the application/document and all use thereof by third parties. I further authorize CSS Workforce New York to provide a copy of this Form and Release to those entities contacted in connection with this application/document

Signature/Date: