



All Adjunct Staff

INDIVIDUAL STAFF DEVELOPMENT PLAN
 Activity Summary Form
 FY 2024
 (July 1, 2023 – June 30, 2024)

Name _____ Position _____

Activity No.	Activity Title	Contact Hours	Estimated Expenses		Date Completed
			Registration	Travel	
1	Georgia Campus Carry	1	\$0	\$0	
2	FERPA (Get Inclusive)	1	\$0	\$0	
3	BIT Training	1	\$0	\$0	
4	Proofpoint Security Training (Monthly)	1	\$0	\$0	
5	TCSG Sexual Harassment Prevention	1	\$0	\$0	
6	TCSG Human Trafficking Awareness (New Hires Only)	1	\$0	\$0	
7			\$0	\$0	
8			\$0	\$0	
9			\$0	\$0	
10			\$0	\$0	
11			\$0	\$0	
12			\$0	\$0	
13			\$0	\$0	
14			\$0	\$0	
15			\$0	\$0	
16			\$0	\$0	
17			\$0	\$0	
18			\$0	\$0	
Totals		0	\$0	\$0	

NOTE: Additional required activities are assigned and approved at supervisor's discretion.

This individual staff development plan has been developed from an assessment of needs based on the Annual Evaluation. As circumstances change, additional activities or modifications to the above plan may be implemented. Supervisor will confirm completion of Staff Development Plan during Annual Evaluation.

_____ Individual completed staff development plan

 Instructor/Staff

 Supervisor