

WORKFORCE PLANNING STRATEGIC ACTION PLAN

DISTRICT/DIVISION/PROGRAM: _____ DATE: _____ NAME: _____ SIGNATURE: _____

ISSUE	PROPOSED SOLUTION	GOAL	RESPONSIBLE PERSON(S)	COMPLETION DATE		SOLUTION IMPLEMENTED
				<i>PROJECTED</i>	<i>ACTUAL</i>	
						<input type="checkbox"/>
	STEPS TOWARD REACHING THE PROPOSED SOLUTION	GOAL OF EACH STEP	PERSON(S) RESPONSIBLE FOR COMPLETING EACH STEP	COMPLETION DATES FOR EACH STEP		COMPLETED STEP
				<i>PROJECTED</i>	<i>ACTUAL</i>	
	1.					<input type="checkbox"/>
	2.					<input type="checkbox"/>
	3.					<input type="checkbox"/>
	4.					<input type="checkbox"/>
	5.					<input type="checkbox"/>
6.					<input type="checkbox"/>	

WORKFORCE PLANNING IMPLEMENTATION PROGRESS REPORT

DISTRICT/DIVISION/PROGRAM: _____ DATE: _____ NAME: _____ SIGNATURE: _____

ISSUE (FROM ACTION PLAN)	PROPOSED SOLUTION (FROM ACTION PLAN)	IMPLEMENTATION STATUS			COMMENTS ON IMPLEMENTATION STATUS
		<input type="checkbox"/> NO IMPLEMENTATION	STEPS COMPLETED: 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>	<input type="checkbox"/> SOLUTION IMPLEMENTED	