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| **On-the-Job Learning Plan** |
| Name: |
| What do I want to do? |
| When will I do it?  |
| Who else is involved?  |
| Planning: |
| Activity:  |
| Activity Steps | Timeframe | Completed outcome |
|  |  |  |
| Supervisor approvalSigned: .................................................................................... Date: .................................. |
| Next actions: |