



**City of West Des Moines
EDUCATION PLAN**

Name _____

Job Title _____

Department _____

List post-high school education completed to date (trade schools, colleges, universities attended).
Include major courses of study, degrees/diplomas received and dates.

Are you classified academically as a junior or above? Yes - No

What is your educational goal? _____

What is your degree desired? _____ Expected Completion Date _____

What is your career goal? _____

What school do you plan to attend? _____

How will your Education Plan benefit the City of West Des Moines? _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Comments _____

Education Plan Approval

Department Director _____ Date _____

Human Resources Director _____ Date _____

City Manager _____ Date _____