SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**WORKFORCE SERVICES**

sdjobs.org

**EMPLOYMENT PLAN**

*This form can be used in place of the SDWORKS Employment Plan if signed and uploaded to the SDWORKS Document Section.*

|  |  |
| --- | --- |
| Participant Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Case Manager: |  | Email: | Tel: |

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| --- | --- | --- | --- | --- | --- | --- |
| **GOAL:** | | | |  | |  |
| Objectives | **Smart Details:**  *Who, Where, What, When* | **Date Established** | **Date to be Reviewed** | | **Date**  **Completed** | |
| Step 1 |  |  |  | |  | |
| Step 2 |  |  |  | |  | |
| Step 3 |  |  |  | |  | |
| Step 4 |  |  |  | |  | |
| Step 5 |  |  |  | |  | |

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Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DLR Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner Agency Representative Signature (if applicable) Date

***References:***[*Employment Plan*](https://dlr.sd.gov/workforce_services/wioa/wioa_manual/4.11_employmentplan.pdf) *Policy 4.11,* [*Document Management*](https://dlr.sd.gov/workforce_services/wioa/wioa_manual/8.20_document_management.pdf) *Policy 8.20*

If more goals are needed for this Employment Plan, the table below can be replicated on multiple pages. Otherwise, it can be deleted.

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| --- | --- | --- | --- | --- |
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| Step 2 |  |  |  |  |
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| Step 5 |  |  |  |  |