

Department of Homeland Security U.S. Citizenship and Immigration Services (USCIS)

Description of Education/Training Plan:

Target Date for Completion: (*mm/dd/yyyy*)

The following individual is available to provide job-related counseling:

Name:			
Address:			
Phone Number:			
E-Mail:			

Signature of Employee

Date (*mm/dd/yyyy*)

Signature of Human Capital and Training (HCT) Specialist

Date (*mm/dd/yyyy*)

Original to eOPF/Copy to Employee