

Personal 90-Day Action Plan

Name:	Position:
District:	Date:
District Commissioner:	

Action Planned	Date completed
1. Attend three district commissioner staff meetings during the next three months. Month: Year: Month: Year: Month: Year:	 Month: Year: Month: Year: Month: Year:
2. Attend two of three roundtables during the next three months. Month: Year: Month: Year: Month: Year:	 Month: Year: Month: Year: Month: Year:
3. Schedule and attend three unit visits during the next three months and report on unit status at District Commissioner's meeting. Date: Unit: Date: Unit: Date: Unit:	 Date: Unit: Date: Unit: Date: Unit:
4. Commissioner Basic Training completed.	Date:
5. Commissioned	Date:

I submit my application for the special commissioner service council shoulder strip and confirm that I have met all of the criteria for such award.

Applicant signature

Date

District Commissioner signature

Date