Delegation Progress Form

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| Supervisor Name |  |
| Employee Name |  |
| Date |  |

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| Long Term Result Required |  | | |
| Completion Date |  | | |
| Milestone 1 |  | Date |  |
| Milestone 2 |  | Date |  |
| Milestone 3 |  | Date |  |
| Milestone 4 |  | Date |  |

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| Tasks Required to Produce Next Milestone | Completed | Partially Completed | Clarification or Resource Requests |
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