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| Date: |  |  | Follow-up date(s): |  |
| Supervisor’s name: |  |  |  |
| Manager’s name: |  |  |

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| **Gap(s) Identified from the Assessment** | **Legislation and Resources** Reference the legislation that pertains to the gap(s) identified. | **Action Plan**  Outline actions or recommendations to address the gap(s) identified and specify who is responsible to complete the action item. | **Target Date to be Completed** |
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