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**2. Les Conditions Générales de Fonctionnement**

**Objet : PLAN DE FORMATION**

**Texte de référence :**

* [Loi n°84-594 du 12 juillet 1984](http://legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000501342) modifiée
* [Loi n°2007-209 du 19 février 2007](http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000644388&dateTexte=&categorieLien=id)
* [Décret n°2007-1845 du 26 décembre 2007](http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000017761652)

**Principe :**

La loi n°84-594 du 12 juillet 1984 modifiée, relative à la formation des agents de la fonction publique territoriale et complétant la loi n° 84-53 du 26 janvier 1984 portant dispositions statutaires relatives à la fonction publique territoriale, précise que la formation est un droit *« les régions, départements, communes et établissements publics visés à l’article 2 de la loi n°84-53 du 26 janvier 1984 précitée établissent un plan de formation annuel ou pluriannuel, qui détermine le programme d’actions de formation ( …)».* Le plan de formation comprend :

* les formations d’intégration et de professionnalisation définies par les statuts particuliers ;
* La formation de perfectionnement dispensée en cours de carrière à la demande de l’employeur ou de l’agent ;
* La formation de préparation aux concours et examens professionnels de la fonction publique.

 N’entrent pas dans ce plan, les formations personnelles et les actions de lutte contre l’illettrisme et l’apprentissage de la langue française.

La loi du 19 février 2007 reconnaît un **droit individuel à la formation** de 20 heures par an cumulable sur 6 ans. Il est rappelé que pour faire valoir le DIF, les actions de formations doivent obligatoirement être inscrites au plan de formation.

**Les formulaires de saisine du Comité Technique ne doivent pas être nominatifs.**

**NOM et coordonnées de la Collectivité ou de L’Etablissement public :**

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| Nombre d’habitants | Nombre d’agents titulaires | Non titulaires | Stagiaires |
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**Coordonnées de la personne en charge du dossier :**

Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 Téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 Mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_@ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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|  | **Type de formation** | **Intitulé, durée et organisme** | **Objectifs du stage** | **Bénéficiaire (grade et service d’appartenance)** | **Priorité** |
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Périodicité du plan de formation et révision:

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Evaluation du plan de formation:

*(Le plan de formation doit comporter un volet évaluation par rapport à l’objectif de départ)*

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Modalités pratiques :

*Cas de refus, frais de formation, instauration du livret de formation, autres………..*

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Concertation préalable avec le personnel sur le plan de formation:

[ ]  Accord Date : JJ / MM / AAAA

 [ ]  Désaccord Date : JJ / MM / AAAA

Avez vous un règlement intérieur mentionnant les modalités de mise en application de la formation ?

[ ]  OUI

[ ]  NON

- Eléments d’information supplémentaires :

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 Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , le \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

##  Signature de l’autorité territoriale

