UPWARD MOBILITY TRAINING PLAN	TRAINING PLAN NUMBER	DATE APPROVED
NAME OF TRAINEE	PRESENT TITLE/GRADE/SERIES	TARGET TITLE/GRADE/SERIES

COMMAND/DEPARTMENT/DIVISION/LOCATION	
STARTING DATE OF TRAINEE'S PROGRAM	DURATION OF PROGRAM
NAME OF SUPERVISOR	TELEPHONE NUMBER

OBJECTIVE

REPORTS

(A) THROUGH APPROPRIATE CHANNELS, SUPERVISOR WILL SUBMIT ON EACH TRAINEE, SUPERVISOR'S EVALUATION OF EMPLOYEE IN TRAINING, AT THE END OF EACH MONTH.

(B) TRAINEE WILL FILL OUT AND SUBMIT UPWARD MOBILITY PROGRAM EVALUATION, AT THE COMPLETION OF EACH QUARTER.

ELEMENTS OF TRAINING PLAN

FORMAL INSTRUCTION

ON-THE-JOB TRAINING

CORRESPONDENCE COURSES ***(WHERE APPLICABLE)***

BACKGROUND ON TRAINEE AND POSITION OCCUPIED

SIGNATURE *(TRAINEE)*	DATE
SIGNATURE *(SUPERVISOR)*	DATE
SIGNATURE *(EMPLOYEE DEVELOPMENT SPECIALIST)*	DATE