

FORMAL TRAINING PROGRAM CHECKLIST

PROGRAM: CAREER LADDER UPWARD MOBILITY WORKER TRAINEE
 ACCELERATED ENGINEER OTHER _____

LENGTH OF PROGRAM: 6-24 MONTHS EFFECTIVE DATE: _____

TRAINEE'S NAME: _____

TRAINEE'S POSITION: _____ PD NO. _____
(TITLE, SERIES, & GRADE)

TARGET POSITION: _____ PD NO. _____
(TITLE, SERIES, & GRADE)

ORGANIZATION & LOCATION: _____

STATEMENT OF UNDERSTANDING - DATE SIGNED: _____

DATE OF BRIEFING/ORIENTATION: _____

DATE TRAINING PLAN DRAFTED: _____ APPROVED: _____

DATE ALL TRAINING REQUIREMENTS ON TRAINING PLAN COMPLETED: _____

60 DAY EVAL DUE: _____ RECEIVED: _____

EMPLOYEE EVALUATION DUE:

SUPERVISORY EVALUATION DUE:

- 1. _____ RECEIVED _____
- 2. _____ RECEIVED _____
- 3. _____ RECEIVED _____
- 4. _____ RECEIVED _____
- 5. _____ RECEIVED _____
- 6. _____ RECEIVED _____
- 7. _____ RECEIVED _____
- 8. _____ RECEIVED _____
- 9. _____ RECEIVED _____
- 10. _____ RECEIVED _____

- 1. _____ RECEIVED _____
- 2. _____ RECEIVED _____
- 3. _____ RECEIVED _____
- 4. _____ RECEIVED _____
- 5. _____ RECEIVED _____
- 6. _____ RECEIVED _____
- 7. _____ RECEIVED _____
- 8. _____ RECEIVED _____
- 9. _____ RECEIVED _____
- 10. _____ RECEIVED _____

FINAL SUPERVISORY EVAL DUE: _____

RECEIVED: _____

FINAL EMPLOYEE EVAL DUE: _____

RECEIVED: _____