In-Training Plan Designation

Position Information:				
HRMS/HE Position Number:				
Goal Class:				
Incumbent (if applicable):				
Does this position supervise?	Yes	No		
Supervisor Name:				
Supervisor's Position Number:				
Total In-Training Period (number of mon	ths):			
Business Rationale:				
Other Information:				
Is this position in a collective bargaining	unit?	Yes	No	
Training will consist of a combination of	classroom an	d on-the-job tr	raining	g, described on next page(s)
The following job classifications will be u (Note: additional level(s) may be added	•	_	•	` ,
Beginning Level Job Class:				
Class Code (To be completed by HR):			F	Pay Range:
Expected date of movement to next leve	el:			Ouration:
Intermediate Level Job Class:				
Class Code (To be completed by HR):			P	Pay Range:
Expected date of movement to next leve	el:			Ouration:
Final Level Job Class:				
Class Code (To be completed by HR):			F	Pay Range:
Expected date of movement to next leve	el:		С	Ouration:

For Human Resources Office	e Use:
In-training approved: Yes	No
Signature of HR Consultant:	Date:
Beginning Level Training Ele	ements: (if used)
The following training plan elements mus achieve the level of.	st be successfully completed within the first months to
Training Courses: (List the courses required for this position	n to perform at the above level)
Course Title	Date Completed Incumbent Initials Supervisor Initials
On-The Job Training and/or Field Experience (List the activities to be performed/learned Activity	erience: ed for this position to perform at the above level) Date Completed Incumbent Initials Supervisor Initials
Competencies that must be acquired to Competency	to perform at the above goal class: Date Completed Incumbent Initials Supervisor Initials

Intermediate Level Training Elements: (if used)

The following training plan elements must be successfully completed within the second months to achieve the level of JOB CLASS.

Training Courses: (List the courses required for this position to perform at the above level)

Course Title Date Completed Incumbent Initials Supervisor Initials

On-the-Job Training and/or Field Experience:

(List the activities to be performed/learned for this position to perform at the above level)

Activity to be Performed Date Completed

Date Completed Incumbent Initials Supervisor Initials

Competencies that must be acquired to perform at the above goal class:

Competency Date Completed Incumbent Initials Supervisor Initials

In-Training Plan Completion:

Date of Completion:
Total Number Months of In-training:
Final Job Class:
Please type your full name in the signature fields. Do not use E-sign features or insert signature images.
Supervisor Signature:
Employee Signature:
HR Consultant Signature: