

Position Information:

For Human Resources Office Use:

In-training approved: Yes No

Signature of HR Consultant:

Date:

Beginning Level Training Elements: (if used)

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

Training Courses:

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

Course Title	Date Completed	Incumbent Initials	Supervisor Initials
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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	Date Completed	Incumbent Initials	Supervisor Initials
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Competencies that must be acquired to perform at the above goal class:

Competency	Date Completed	Incumbent Initials	Supervisor Initials
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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
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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	Incumbent Initials	Supervisor Initials
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Competencies that must be acquired to perform at the above goal class:

Competency	Date Completed	Incumbent Initials	Supervisor Initials
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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: