In – Training Plan Designation

|  |  |
| --- | --- |
| HRMS/HE Position Number: | *Agency/HE Internal Position Number:* |
| Goal Class: | *Widget Maker 3* |
| Incumbent (if applicable): | *Vacant*  |
| Does this position supervise: | *Yes/No* |
| Supervisor Name: |  |
| Supervisor’s Position Number: |  |
| Total In-Training Period (number of months): | *6 Months* |
| Business Rationale: | *Hard to fill, failed recruitment; staff development* |

Other Comments:

* This position is in a collective bargaining unit. [ ] **Yes** [ ]  **No**
* Training will consist of a combination of classroom and on the job training as on next page(s).

The following job classifications will be utilized during the in-training period(s):

(Note: additional level(s) may be added if needed to complete the in-training plan)

|  |  |
| --- | --- |
| **Beginning Level Job Class**: | Pay Range: |
| Class Code:(To be completed by HR) | Duration: *Number of months*  |
| Expected date of movement to next level: | *12/31/9999* |

|  |  |
| --- | --- |
| **Intermediate Level Job Class:** | Pay Range  |
| Class Code:(To be completed by HR) | Duration: *Number of months*  |
| Expected date of movement to next level: | *12/31/9999* |

|  |  |
| --- | --- |
| **Final Level Job Class:** | Pay Range |
| Class Code:(To be completed by HR) | Duration: *Number of months* |
| Expected date of movement to next level: | *12/31/9999* |

For Human Resources Office Use:

In-training approved: [ ] Yes [ ] No

Signature of HR Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEGINNING LEVEL TRAINING ELEMENTS:**

The following training plan elements must be successfully completed within the first ***number*** months in order 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 in order 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 ***number*** months in order 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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|  |  |  |  |
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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 in order to perform at the above goal class:**

|  |  |  |  |
| --- | --- | --- | --- |
| Competency  | Date Completed | Incumbent Initials | Supervisor Initials |
|  |  |  |  |
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**In-Training Plan Completion:**

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| --- | --- |
| Date of Completion: |  |
| Total Number Months of In-training: |  |
| Final Job Class: |  |
| Supervisor Signature: |  |
| Employee Signature: |  |
| HR Consultant Signature: |  |