

EMPLOYEE TRAINING PLAN



EMPLOYEE INFO

EMPLOYEE NAME	EMPLOYEE ID	TODAYS DATE	REVIEWER NAME
POSITION HELD	EMP START DATE	DEPARTMENT	LAST REVISED
			REVIEWER TITLE

WEEK 1 ACTIVITIES

ACTIVITY DESCRIPTION	ACTIVE / HOLD	POINT OF CONTACT	STATUS	COMMENTS

30 DAY ACTIVITIES

ACTIVITY DESCRIPTION	ACTIVE / HOLD	POINT OF CONTACT	STATUS	COMMENTS

60 DAY ACTIVITIES

ACTIVITY DESCRIPTION	ACTIVE / HOLD	POINT OF CONTACT	STATUS	COMMENTS

90 DAY ACTIVITIES

ACTIVITY DESCRIPTION	ACTIVE / HOLD	POINT OF CONTACT	STATUS	COMMENTS

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