

UPWARD MOBILITY TRAINING PLAN	TRAINING PLAN NUMBER	DATE APPROVED
NAME OF TRAINEE	PRESENT TITLE/GRADE/SERIES	TARGET TITLE/GRADE/SERIES
COMMAND/DEPARTMENT/DIVISION/LOCATION		
STARTING DATE OF TRAINEE'S PROGRAM		DURATION OF PROGRAM
NAME OF SUPERVISOR		TELEPHONE NUMBER
OBJECTIVE		
REPORTS		
(A) THROUGH APPROPRIATE CHANNELS, SUPERVISOR WILL SUBMIT ON EACH TRAINEE, SUPERVISOR'S EVALUATION OF EMPLOYEE IN TRAINING, AT THE END OF EACH MONTH.		
(B) TRAINEE WILL FILL OUT AND SUBMIT UPWARD MOBILITY PROGRAM EVALUATION, AT THE COMPLETION OF EACH QUARTER.		
ELEMENTS OF TRAINING PLAN		
FORMAL INSTRUCTION		
ON-THE-JOB TRAINING		
CORRESPONDENCE COURSES (WHERE APPLICABLE)		
BACKGROUND ON TRAINEE AND POSITION OCCUPIED		
SIGNATURE (TRAINEE)		DATE
SIGNATURE (SUPERVISOR)		DATE
SIGNATURE (EMPLOYEE DEVELOPMENT SPECIALIST)		DATE