

# 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
	ACTIVE		COMPLETED	
	HOLD		IN PROGRESS	

## 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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