

Pima County Trainee Program
Individualized Training Plan

Please see Administrative Procedure 23-18 for a sample Individualized Training Plan

Trainee Name: _____ Supervisor: _____

Department: _____ Phone: _____

Classification Code & Title: _____

Dates & Length of Training Period: _____

Start Date (mo/day/yr) - End Date (mo/day/yr) / Length (6 mos. min - 24 mos. max)

Trainee's Status at the Beginning of the Training Period

A. Minimum Qualifications for the Position (*cite MQs from the County's classification description*):

B. Proficiency level at the start of training (*cite partial MQs already met by trainee*):

C. Skills, knowledge and abilities missing at the start of training (*cite those MQs that still need to be met by trainee before the end of the training period – i.e., A – B = C*). If multiple MQ options are available, indicate which the employee will be pursuing by using ALL CAPS.

Training Plan (addresses items identified in Section C.)

Goal (What)	Objective (Why)	Training Method (How)	Chronological Time Frame (When)

Training Plan Approved

Training Plan Denied

Amended Training Plan Approved

Amended Training Plan Denied

Reviewed by **Compliance Officer** _____ **Date**

Verified by **HR Deputy Director** _____ **Date**

Trainee Signature (*acknowledging receipt of Training Plan*) _____ **Date**