Training Status: Successful Leaders Program

Training required as of 01/15/09

Name: _____ **Employee Start Date:** _____

Employee Mail Code: _____ **Supervisor:** _____

Date(s) Completed:	Priority* 1	2	3	Mandatory Development Activities	Target Completion Date
_____	☐	☐	☐	Coaching Employees (Module 1)	_____
_____	☐	☐	☐	Coaching Employees (Module 2)	_____
_____	☐	☐	☐	Coaching Kick-Off Meeting (On-line)	_____
_____	☐	☐	☐	e360 Evaluation (Initial)	_____

Must be completed within 18 months:

_____	☐	☐	☐	e360 Mini Evaluation	_____
_____	☐	☐	☐	Employee Assistance Program (EAP) for Supervisors	_____
_____	☐	☐	☐	Identify Mentor and Mentor Meeting	_____
_____	☐	☐	☐	Individual Development Plan (IDP)	_____
_____	☐	☐	☐	New Supervisor Orientation	_____
_____	☐	☐	☐	PARS Plan Established	_____
_____	☐	☐	☐	Self-Assessment Tool	_____
_____	☐	☐	☐	Successful Leaders Workshop (Week 1 - Excellence in Supervision)	_____
_____	☐	☐	☐	Successful Leaders Workshop (Week 2 - Situational Leadership)	_____
_____	☐	☐	☐	Supervising Telecommuters	_____

*****PRIORITY RANGE: 1 = As soon as available; 3 = Lowest priority

Date(s) Completed:	Additional Activities/Classes
_____	Conflict Resolution
_____	Giving & Receiving Effective Feedback
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

Notice:
Training requirements vary by region. Questions or concerns about training requirements should be addressed to your supervisor or regional training coordinator.