**Employee Cross-Training Plan Template**

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| **Employee Name** | Name | **Job Title** | Title |
| **Manager or Supervisor** | Name | **Cross-Training Partner** | Name |
| **Last Revised** | MM/DD/YY | **Primary Cross-Training Area** | Area |
| **Current Proficiency Level** | Level | **Target Proficiency Level** | Level |
| Cross-Training Schedule and Progression |  |  |
| Training Phase | Task or Skill to Train | Department or Trainer | Training Method | Completion Goal | Status |
| Week 1-2 |  |  |   |   | Complete |
| Month 1-2 |  |  |   |   | Complete |
| Month 3-4 |  |   |   |   | Complete |
| Ongoing Development |  |   |   |   | Complete |

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| Training Activities and Sessions |  |  |  |
| Training Session or Activity | Training Type | Trainer or Mentor | Date Completed |
|  |  |  | MM/DD/YY |
|  |  |  | MM/DD/YY |
|  |  |  | MM/DD/YY |
|  |  |  | MM/DD/YY |
|  |  |  | MM/DD/YY |
|  |  |  |  |  |  |
| Skill Application and Performance Assessment |  |  |
| Cross-Training Task or Responsibility | Skill Applied | Assessment Criteria | Evaluator or Feedback Provider | Proficiency Achieved? |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  |  |  |
| Post-Cross-Training Application and Next Steps |  |  |
| Newly Acquired Responsibilities | Expected Contribution to Team or Department | Further Training Needed? | Action Steps and Milestones |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |

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