

SAMPLE FORMAT

TRAINEE'S EVALUATION OF UPWARD MOBILITY TRAINING

TRAINEE: _____ POSITION: _____

SERIES AND GRADE: _____ ORGANIZATION: _____

REPORTING PERIOD FROM: _____ TO: _____

SUPERVISOR: _____ PHONE: _____

1. List assignment(s) or project(s) given.

2. Do you feel the training program is accomplishing its objectives as they were stated to you? In what ways?

3. In what areas do you feel you need further training?

Comments:

SIGNATURE: _____ DATE: _____

UPWARD MOBILITY POSITIONS

POSITION	PAY PLAN/SERIES	PDCN	LOCATION	ENTRY GRADE	GRADE LEVEL INTERMEDIATE	TARGET GRADE
Gen Mech	WG-XXXX	RXXXXXXXX	XXXXXXXXXX	WG-05	WG-08	WG-09
Computer Operator	GS-XXXX	FXXXXXXXX	XXXXXXXXXX	GS-04	GS-06	GS-07
Warehouse Worker	WG-XXXX	RXXXXXXXX	XXXXXXXXXX	WG-04	WG-05	WG-06
Acft Mech	WG-XXXX	FXXXXXXXX	XXXXXXXXXX	WG-05	WG-08	WG-10
Production Controller	GS-XXXXX	FXXXXXXXX	XXXXXXXXXX	GS-06	GS-07	GS-08