

Section One Employee's Request to Cross-Train in a Department, Position, Duty, or Task.

Employee Name / Job Classification

Cross-Training Position / Duty Requested

Supervisor/Home Department

Department Head / Home Department

Supervisor / Host Department

Department Head / Host Department

TIME FRAME: Begin Date: _____ End Date: _____ Hours/Week: _____

Verifiable Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.

Approved by:

Employee Date

Supervisor/Home Department Date

Department Head/Home Department Date

Supervisor/Host Department Date

Department Head/Host Department Date

FORM RECEIVED BY Library Human Resources Office (LHRO)

Received By Date

Section Two To be completed by Host Supervisor and Employee at conclusion of Cross-Training Assignment.

TIME FRAME: Begin Date: _____ End Date: _____ Hours/Week: _____

Yes or No Were Verifiable Objectives (From Page One) Met?

Y / N 1.

Y / N 2.

Y / N 3.

Y / N 4.

Y / N 5.

Supervisor Feedback:

Employee Comments:

Approved by:

Supervisor/Home Department Date

Supervisor/Host Department Date

Employee Date

Department Head/Home Department Date

Department Head/Host Department Date

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