

## Training Status: Interns & New Hires

Training required as of 01/15/09

Name: \_\_\_\_\_ Employee Start Date: \_\_\_\_\_

Employee Mail Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date(s) Completed:	Priority*	Mandatory Development Activities [Requirement Reference]	_____
	1 2 3		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 Habits of Highly Effective People (Staff version)	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Advanced Writing Advantage	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Career Power	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Collaboration and Partnership Skills	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Credit Hours and Alternate Work Schedules	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Critical Thinking and Decision Making	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ergonomics Training	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ethics	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Financial Planning: Early Career	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Financial Planning: Mid/Later Career	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Flexiplace Program (on-line)	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fundamentals of Superfund [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health Fair	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Information Security	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Interest-Based Problem Solving	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Introduction to EAP	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mid-Career Retirement Planning	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MLDP: Leading Change	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MLDP: Teamwork and Communication	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	New Employee Orientation	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No Fear Act	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overcoming Information Overload	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Planning Early for Retirement	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Preparing and Conducting Management Briefings	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pre-Retirement Planning	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Presentation Skills	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Project Management	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thrift Savings Plan Briefing	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Writing Advantage (2 day)	_____

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

Date(s) Completed:	Priority*	Additional Development Activities [Requirement Reference]	_____
	1 2 3		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Congressional Liaison Training	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contracting Officer Representative (COR) Training [Clinger-Cohen Act, EPA AR 1120]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health and Safety Training	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Managing Financial Assistance Agreements for Grants PMOs	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Media Training: Communicating EPA's Message	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Purchase Card Holders and Approvers Training [EPA AR 1120]	_____

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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.