

## Program for Employee Cross Training

### **I Introduction**

The Program for Employee Cross Training is a UCDHS Training & Development Program designed to assist staff employees increase the effectiveness of their performance in their present University positions; and to encourage and provide opportunities for employees to obtain skills, knowledge and abilities which may improve their chances for career advancement within the University.

The employee has the primary responsibility for individual career development and should, therefore, make career interests known to the supervisor and initiate the request to participate in the Employee Cross Training Program.

There is no promise of compensation, employment or hospital benefits to the participant (Attachment F).

Because of the nature of business in some areas of the hospital, the participant may be required to sign a confidentiality statement.

In many cases, the trainee must be licensed to drive an automobile in the State of California and should be able to provide proof of current personal liability and collision automobile insurance coverage.

### **II Definition and Purpose**

Training is designed to:

- a) help employees acquire and enhance skills, knowledge and abilities;
- b) enhance employees' opportunities for mobility and advancement within the University. Training may allow employees to be minimally qualified for the position in which they are cross-training; and
- c) in some cases, provide managers with an opportunity to support the UCDHS Affirmative Action Program, and, eventually, increase the diversity of their own work units and support the need for Succession planning.

The Program's primary purpose is to formalize training efforts. The program documents will identify the employee's supervisor; outline the nature of supervision to be received; set forth the specific tasks to be assigned to the trainee; describe the skills, knowledge, and abilities to be acquired by the trainee; provide the timetable by which these activities will be governed; and provide a schedule for evaluation of the trainee's progress.

### **III Guidelines**

Eligibility: Career employees, with satisfactory performance or better, at least one year of service and with the permission of his/her supervisor.

Approval: The application for training must be approved by the employee's supervisor and department head; by the supervisor and department head of the department in which the training will occur, and by the UCDHS Training & Development Program Representative.

Length of Training: Cross training placements **shall not exceed six (6) months or 100 hours**. Training placements should be scheduled for **no less than four (4) and no more than 16 hours per week**. The employee's home department and the training department will negotiate specific schedules with sufficient care to guarantee minimal disruption to the employee's home department and to the training department. Training is generally completed done during normal business hours.

### **IV Planning for Training**

Application for Cross Training: The process of applying for cross training is a joint venture involving the employee, his or her supervisor and department head, the supervisor and department head of the department providing the training, and the UCDHS Training & Development Program Representative.

After identifying a cross training opportunity, the first step is the completion of an Application and Agreement for Cross Training. While the employee has the primary responsibility for completion of the application, the applicant is encouraged to obtain the support and assistance of their supervisor, the supervisor of the department providing the opportunity and UCDHS Training & Development.

The Application and Agreement for Cross Training will describe the employee's current job; the skills, knowledge and abilities the employee hopes to gain through cross training; and the objective(s) the employee ultimately wishes to achieve through cross training. Any skills, knowledge or abilities which are prerequisites for placement in the training department will be described. The application is also the vehicle for setting forth the cross training schedule and documenting all necessary approvals.

## **V Implementing the Cross Training**

Complete the Application and Agreement for Cross Training (Attachment A) and the Cross Training Employee Agreement (Attachment F)

Obtain signatures of all parties on application/agreement and return documents to Training & Development.

Cross Training Orientation Checklist (Attachment B)

Complete the orientation check list. This check list is designed to help the supervisor introduce the trainee to his or her new work area and confirm the conditions of the training program.

Cross Training Progress Report (Attachment C)

Complete the cross training progress report at the midpoint of training. The training supervisor and the trainee complete the report together and submit a copy to Training & Development. The purpose of the progress report is to evaluate how well the trainee is performing assigned tasks, measure the acquisition of skills, knowledge, and abilities, and make plans for the next rating period.

## **VI Training Evaluations**

Cross Training Employee Evaluation (Attachment D)

The trainee and the supervisor together complete the final evaluation. The purpose of the evaluation is to determine if the trainee's objectives have been met and document the specific skills, knowledge and abilities the trainee has acquired.

Cross Training Program Evaluation (Attachment E)

The trainee and trainee's supervisor complete the program evaluation form together. The purpose of this form is to provide their respective evaluations of the program.

Debriefing

The trainee should meet with Training & Development to obtain advice on appropriate ways to communicate the training experience on a resume and job application form.

Skills, Knowledge and Abilities to be acquired by trainee

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

Date Training Begins: \_\_\_\_\_ Date Training Ends: \_\_\_\_\_

Days: \_\_\_\_\_ Time: \_\_\_\_\_ Total Hours Per Week: \_\_\_\_\_

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Home Department Approval:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Training Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**UCDHS Training & Development Approval:**

Training & Development  
Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit completed original to UCDHS Training & Development.  
Program Representative will distribute copies to trainee, current  
supervisor and training supervisor.*

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Room 2600, Ticon III  
916-734-2676

Cross Training Orientation Checklist  
(Complete on the first day of training)

Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Supervisor \_\_\_\_\_

The following items need to be discussed by the trainee and the supervisor, to introduce the trainee to the new work area, and to confirm the conditions of the cross training program. Please check each item as it is covered.

\_\_\_\_ Overview of training department's organization structure, objectives, operations, and procedures.

\_\_\_\_ Training department safety regulations and dress code.

\_\_\_\_ Training department rules regarding break and meal periods.

\_\_\_\_ Training department procedures regarding absences.

\_\_\_\_ Review of Training Plan (confirm task assignments; timetable for acquisition of skills, knowledge and abilities; and schedule for completion of Training Progress Reports).

\_\_\_\_ Other (Please Specify).

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Training Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Original to: Training & Development  
Copies to: Trainee  
Trainee's Supervisor*

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### Cross Training Progress Report

Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Supervisor \_\_\_\_\_

Time period covered by this progress report \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Skills, knowledge, and abilities to be acquired during this rating.	Evaluation of skills, knowledge and ability acquisition. Indicated whether acquired or not yet acquired

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**Cross Training Employee Evaluation**  
(to be completed by trainees supervisor)

Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Department \_\_\_\_\_

Training Department \_\_\_\_\_

Training Supervisor \_\_\_\_\_

Were all the listed skills, knowledge and abilities acquired by trainee?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "No" please explain:

Were trainee's objective(s), as described in the Application for training, met?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "No" please explain:

Overall evaluation/additional comments by supervisor regarding trainee's performance:

Overall evaluation/additional comments by trainee regarding trainee's performance:

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Training Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Original to: Training & Development*  
*Copies to: Trainee*  
*Trainee's Supervisor*

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### Cross Training Program Evaluation

Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Supervisor \_\_\_\_\_

Your role during cross training: \_\_\_\_\_ Supervisor \_\_\_\_\_ Trainee

1. What is your overall evaluation of the Program for Employee Cross Training?

Unsatisfactory

Satisfactory

Outstanding

Comments:

2. What do you see as significant strengths of the program?

3. What do you see as significant weaknesses of the program?

4. Do you have any suggestions for improving the program?

5. Did participation in the program prove beneficial to you/your department?

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### Cross Training Employee Agreement

Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Department \_\_\_\_\_ Phone \_\_\_\_\_

Training Department \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

I am aware that I am participating in this cross training program on my own time for the purpose of enhancing my skills, knowledge and abilities. I do not participate in this program solely for my personal purpose or benefit, without promise or expectation of compensations, employment, or hospital benefits. My volunteer services will not be performed in my regular department or in connection with my regular duties, and I understand I will not displace a regular employee.

If I am driving, I am aware that I must possess a license to drive. If I am driving my own vehicle, I must be able to show proof of current personal liability insurance.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Home Department Signature

\_\_\_\_\_  
Training & Development Program Representative