

Knowledge Transfer Action Plan

Based on our conversation, the following methods will be implemented to assist you in gaining more knowledge and experience within your classification (business needs permitting).

Employee Name: _____ Classification: _____

Supervisor Name: _____ Date: _____

Desired Skill, Experience, or Training Requested:	Recommended Knowledge Transfer/Training Method(s):	Tentative Implementation Date:	Tentative Duration (2weeks, 2 months, etc.):