

FACILITIES
Cross Training Request Form

_____ requests cross training in the _____
Employee Shop Date

Plumbing	Facilities Maintenance	Utilities Maintenance
Electrical	Control Room Operators	Power Plant Operators
HVAC	Power Plant Mechanics	Tech Services
Paint	Water Techs	Carpenters
Garage	Grounds Recycling	Grounds Irrigation
Steam	Grounds	Buyer
CM/CCA	Office – Admin. Asst.	Warehouse

Current Shop Supervisor _____ Date _____

Current Dept. Director _____ Date _____

Cross-Training Shop Supervisor _____ Date _____

Cross Training Dept. Director _____ Date _____

When approved, employee will typically participate in cross-training 2 full work days per month.

If the training is not scheduled within 30 calendar days of this request, the Director who ultimately doesn't schedule the training shall provide an explanation below and route to AVP Facilities within 7 calendar days after 30 day expiration.
