

< LAW DEPARTMENT / COMPANY LOGO >
Employee Training Plan

Employee _____ Date _____

Trainer: _____

Note: Training will be provided on each of the following activities as scheduled. It is the employee's responsibility to: (1) attended all training as scheduled; (2) to provide the trainer with a five (5) day notice if unable to attend scheduled training; (3) after receipt of training, to demonstrate acceptable proficiency in each activity.

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1. **Regional/Corporate protocols** – General working relationships with staff, attorneys, RA (Regional Administrator), ROM (Regional Office Manager) & other Managers and Managerial Decisions

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Staff protocols/expectations			
2.	Attorney protocols/expectations			
3.	RA's protocols/expectations			
4.	ROM's protocols/expectations			
5.	Management protocols/expectations			
6.				
7.				

2. **Human Resource Administration** – Hiring, performance reviews, compensation/benefits, staff training/development, progressive discipline, termination, etc.

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Hiring			
2.	Performance Reviews			
3.	Compensation/Benefits			
4.	Staff training/development			
5.	Progressive Discipline			
6.	Termination			
7.				

3. **Office Communications** – Staff, Attorneys, RA, ROM, newsletter, web site, email, telephone, confidentiality

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Staff			
2.	Attorneys			
3.	RA			
4.	ROM			
5.	Company newsletter(s)			
6.	Company web site			
7.	Email			
8.	Telephone			
9.	Confidentiality Policy			
10.				

4. **General Office Workflow** – Worker Comp, PI, C.D., and work task (calendarizing), Legal Files, ordering supplies/equipment (protocol and practices)

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Workers Compensation			
2.	Personal Injury			
3.	Construction Defect			
4.	Work Task (calendarizing)			
5.	Legal Files (re: #4 above)			
6.	Supplies/Equipment, etc.			
7.				

5. **Direction and development of staff** – reporting relationships, cross-training, assignment of work, etc.

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Reporting relationships			
2.	Cross-training			
3.	Assignment of work			
4.				
5.				
6.				
7.				

6. **Monitor, review and analysis of various administrative reports** (CMS Daily report, billings, etc.)

	Function	Date Training Scheduled	Trainee's Signature (Date Training Received)	Trainer's Signature (Date Training Received)
1.	Management reports			
2.	Staffing reports			
3.	RA reports			
4.	ROM reports			
5.	Activities reports			
6.	Billing reports			
7.				

7. Other _____

