

SECOND LANGUAGE TRAINING PLAN

Name		Employee Number		Manager	
Division		Position		Date	
SECTION 1: Language Requirements / Second Language Evaluation Results <i>(to be completed by Talent/Official Languages Group)</i>					
	<u>Reading</u>	<u>Writing</u>	<u>Oral Interaction</u>	<u>Comments</u>	
Required:					
SLE Results:					
SECTION 2: Learning Activities and Dates <i>(to be completed by HR Manager and Talent/OL Group)</i>					
SECTION 3: Training Resources and Costs <i>(to be completed by HR Manager and Talent/OL Group)</i>					
<u>Tuition & Books</u>		<u>Travel</u>		<u>Time Required</u>	
SECTION 4: Plan Discussed and Approved					
Employee Signature: Date:			Manager Signature: Date:		
Manager Official Languages Signature: Date:			Division Head Signature (When required): Date:		
SECTION 5: Measuring Success / Follow-up <i>(to be completed by Talent/OL Group)</i>					
SLE Results: Reading Writing Oral Interaction					
The employee results meet <input type="checkbox"/> do not meet <input type="checkbox"/> the position's language requirement.					
Changes are required to the present Training Plan Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, provide explanation:					
Manager OL Signature:					
SECTION 6: Completion of Second Language Training Plan <i>(to be completed by Talent/OL Group)</i>					
<input type="checkbox"/> The employee has successfully completed the requirements of the SLTP and meets the language profile of his/her position.					
Comments and Recommendations:					
Manager Official Languages Signature:			Employee Signature:		
Manager Signature:			Date:		