

## UC DAVIS HEALTH SYSTEM CROSS TRAINING GUIDE

### ***Introduction To Cross Training***

Cross training is designed for employees to acquire skills, abilities and knowledge of our health care environment that will enhance their opportunities for mobility, advancement and personal growth.

It is essential that employees make their career interest known to their supervisor prior to initiating a cross training assignment.

Employees may participate in cross training for 4 to 16 hours per week, for up to 6 months or 100 hours whichever comes first.

Cross training assignments may be conducted during an employee's normal work hours. In these cases, the employee's home department will negotiate the training schedule designed for minimal disruption in the employee's home and cross training departments.

Cross Training outside of an employee's normal work schedule is permitted; however, employees will not be compensated for those cross training hours.

Please be aware that completion of any Cross Training assignment provides no guarantee of compensation, employment, or benefits to the participant.

### ***To Participate***

UCDHS non-probationary career employees with a Satisfactory or better rating on most recent performance appraisal are eligible to participate in Cross Training. Also, employees who receive a corrective action during their cross training assignment may be pulled from their assignment.

Before the cross training assignment may begin a Cross Training Development Plan must be approved by the employee's home supervisor and the cross training supervisor.

Employees must identify and secure their cross training opportunities. Training & Development does not maintain a list of departments providing cross training.

Because of the nature of business in some areas within the UC Davis Health System, an employee may be required to sign a confidentiality statement before beginning a cross training assignment.

In some cases, an employee 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.

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***Steps to a Successful Cross Training Assignment***

1. Identify an opportunity. Keep in mind that cross training is a joint venture involving yourself, your Home Department, and the Cross Training Department.
2. Review the Cross Training Guide to help plan your assignment.
3. Before beginning your assignment, complete Part A of your Cross Training Development Plan.
4. On the first day of your cross training meet with your Cross Training Supervisor and complete the Orientation Checklist together.
5. To measure your progress against your development goals, at the mid-point of your cross training assignment ask your Cross Training Supervisor to complete Part B of your Cross Training Development Plan.
6. Upon the completion of your assignment—up to 6 months or 100 hours— ask your Cross Training Supervisor to evaluate and review your performance by completing Part C of your Cross Training Development Plan.
7. Optional: Add your Cross Training Assignment to your UC Learning Center (UCLC) transcript. To do this, log into the UCLC, from your dashboard select the icon “Add Self-Reported Training,” and follow the steps to add your cross training assignment.
8. Optional: Meet with Training & Development to discuss how to leverage this experience in your career development. Email [HS-T-D@ucdavis.edu](mailto:HS-T-D@ucdavis.edu) or phone (916) 734-2676 to schedule your meeting.

**UC DAVIS HEALTH SYSTEM  
CROSS TRAINING DEVELOPMENT PLAN**

**PART A: EMPLOYEE/TRAINEE INFORMATION**

<b>Name (please print)</b>	
<b>Title</b>	
<b>Department</b>	<b>Length of Service</b>
<b>Office Phone</b>	
<b>Email Address</b>	

**PART A: CROSS TRAINING POSITION (JOB NAME):**

Beginning Date of Cross Training	Estimated End Date of Cross Training	Total Cross Training Hours per Week

<b>PART A: SKILLS, KNOWLEDGE, AND ABILITIES TO BE ACQUIRED</b> <i>Briefly describe the goals of your cross training assignment. You may attach additional pages if needed.</i>	<b>PART B: MID-POINT Date Acquired? Yes/No</b>	<b>PART C: CLOSE Date Acquired? Yes/No</b>
1.		
2.		
3.		
4.		
5.		

**UC DAVIS HEALTH SYSTEM  
CROSS TRAINING DEVELOPMENT PLAN**

**PART A**

I acknowledge that my participation in the Cross Training Program is limited to **4 to 16 hours per week for up to 6 months or 100 hours**. Cross training assignments may be conducted during an employee's normal work hours. Cross training outside of an employee's normal work schedule is permitted; however, employees will not be compensated for those cross training hours. My home department will negotiate the training schedule to minimize disruption in both my home and cross training departments.

I am aware that participation in the Cross Training Program is for the purpose of enhancing my skills, knowledge, and abilities solely for my personal purpose or benefit, without promise or expectation of compensation, employment or benefits. Cross training service is not performed in my regular department or in connection with my regular duties, and with the understanding that I will not displace another employee.

Due to the nature of business in some areas within the UC Davis Health System, I may be required to sign a confidentiality statement for the cross training department.

If this cross training assignment requires, I am aware that I must possess a valid driver's license. If I am driving my own vehicle, I will show proof of current personal liability insurance.

**EMPLOYEE'S SIGNATURE**

<b>Signature</b>	<b>Date</b>
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**HOME SUPERVISOR'S INFORMATION**

<b>Name (please print)</b>	
<b>Signature</b>	<b>Date</b>
<b>Title</b>	
<b>Department</b>	
<b>Check all that apply:</b>	Applicant is a <input type="checkbox"/> Career employee <input type="checkbox"/> Non-probationary employee
<b>Office Phone</b>	
<b>Email Address</b>	

**CROSS TRAINING SUPERVISOR'S INFORMATION**

<b>Name (please print)</b>	
<b>Signature</b>	<b>Date</b>
<b>Title</b>	
<b>Department</b>	
<b>Office Phone</b>	
<b>Email Address</b>	

**UC DAVIS HEALTH SYSTEM  
CROSS TRAINING DEVELOPMENT PLAN**

**ORIENTATION**

*On the first day of the cross training assignment, the Cross Training Supervisor is required to complete and review the following department items with the Employee/Trainee so as to introduce them to their new work area, processes, and procedures; and confirm training plan.*

- Org chart/structure
- Objectives
- Operations and guidelines
- Procedures and processes
- Safety regulations
- Dress code
- Breaks and meal periods
- Reporting absences/time away from work
- Other \_\_\_\_\_

**CROSS TRAINING POSITION (JOB NAME):** \_\_\_\_\_

- Review cross training plan (includes confirming assignments, timetable for achieving goals, schedule for completing Cross Training reports)

**EMPLOYEE/TRAINEE INFORMATION**

<b>Name (please print)</b>	
<b>Signature</b>	<b>Date</b>
<b>Home Department</b>	
<b>Employee ID Number</b>	

**CROSS TRAINING SUPERVISOR'S INFORMATION**

<b>Name (please print)</b>	
<b>Signature</b>	<b>Date</b>
<b>Title</b>	
<b>Department</b>	