

NEW HIRE TRAINING SCHEDULE

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EMPLOYEE NAME:		TODAY'S DATE:	
START DATE:		DEPARTMENT:	

WEEK 1 TRAININGS	ACTIVITY CONTACT	STATUS	NOTES OF IMPORTANCE
30 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOTES OF IMPORTANCE
60 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOTES OF IMPORTANCE
90 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOTES OF IMPORTANCE

EMPLOYEE SIGNATURE:		DATE:	
SUPERVISOR SIGNATURE:		DATE:	

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