NEW HIRE TRAINING SCHEDULE

EMPLOYEE NAME:

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

NEW HIRE TRAINING SCHEDULE

EMPLOYEE NAME:			TODAY'S	DATE:
START DATE:	RT DATE:		DEPART	MENT:
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:

NEW HIRE TRAINING SCHEDULE

TODAY'S DATE:

DATE:

DATE:

START DATE:			IENT:		
WEEK 1 TRAININGS	ACTIVITY CONTACT	STATUS	NOT	NOTES OF IMPORTANCE	
30 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOT	ES OF IMPORTANCE	
60 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOT	ES OF IMPORTANCE	
			+		
90 DAY TRAININGS	ACTIVITY CONTACT	STATUS	NOT	ES OF IMPORTANCE	