

New Employee Orientation & Policy Training Registration

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

New Employee Orientation Date: \_\_\_\_\_

Policy Training Date: \_\_\_\_\_

Personnel Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Supervisor

Registered       Employee Did Not Attend, Reschedule

Training Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_