## EMPLOYEE ORIENTATION TRAINING VERIFICATION FORM

DSP NAME: \_\_\_\_\_ ORIENTATION TRAINING YEAR: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

	NAME/TITLE OF	LENGTH OF		DATE
TOPIC	TRAINER	TRAINING	EMPLOYEE SIGNATURE	COMPLETED
·				
Total Length of Training:				

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Signatures Indicate accuracy and completeness