

TRAINING ACKNOWLEDGEMENT FORM

 I, the undersigned, hereby acknowledge that I have participated in this training course:

Course Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Name (please print) Administrative Unit

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Employee Signature Date Instructor Date

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Employee Social Security Number

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Revised03/27/03 TFS HR - 86