



Notification of New Trainee

Trainee Name: _____ Trainee phone Number: _____

Report to: _____ Starting Date: _____
Supervisor Name

Position for Training: _____ Permitted Hours: _____

Trainee: _____ Date: _____
Signature

Approved by: _____ Date: _____
Human Resources

Additional Comments:

SCMG CORP DBA Canales Furniture

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