



## 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:

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