

10/24/22

Date of Hire: _____

Add Name to Employee Phone List _____

Location: Omega
 Date/Hours of Training for Orientation: 10/29/21 2 hours
 Date/Hours Shadow Shift 1: 10/29/21 6 hours
 Date/Hours Shadow Shift 2: 10/31/21 8 hours
 Date/Hours Shadow Shift 3: 11/6/21 8 hours

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____

Location: _____
 Date/Hours of Training for Orientation: _____
 Date/Hours Shadow Shift 1: _____
 Date/Hours Shadow Shift 2: _____
 Date/Hours Shadow Shift 3: _____