

Add Name to Employee Phone List

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

Location: SPK
Date/Hours of Training for Orientation: 3/3
Date/Hours Shadow Shift 1: 3/3 10 hrs
Date/Hours Shadow Shift 2: 3/5 10 hrs
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: _____