

Add Name to Employee Phone List

Tyler Elias

Location: 101A  
Date/Hours of Training for Orientation: 1/14/25  
Date/Hours Shadow Shift 1: 1/30/25  
Date/Hours Shadow Shift 2: 2/11/25  
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: \_\_\_\_\_

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Date/Hours Shadow Shift 1: \_\_\_\_\_  
Date/Hours Shadow Shift 2: \_\_\_\_\_  
Date/Hours Shadow Shift 3: \_\_\_\_\_

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Date/Hours Shadow Shift 2: \_\_\_\_\_  
Date/Hours Shadow Shift 3: \_\_\_\_\_

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Date/Hours Shadow Shift 2: \_\_\_\_\_  
Date/Hours Shadow Shift 3: \_\_\_\_\_