

COMPLETION RECORD FOR SUBCONTRACTOR ADMINISTERED TRAINING

Name _____

Assigned Organization _____ SNL Employee/ID No. _____

Course No.	Course Title/Other Training Method	Start Date	End Date

Purchase Order (PO)/Subcontract Number _____

Subcontracting Company Name _____

Subcontracting Company Name
(if applicable) _____

Contractor Manager Name _____

Please Print

I certify that I have successfully completed this training.

Contractor's Personnel _____
Signature
Date

I certify that the above named person has successfully completed this training.

Contractor Manager _____
Signature
Date

I acknowledge that the above named person was given the opportunity to ask questions.

NTESS Manager or Delegate : _____
Signature
Date

INSTRUCTIONS FOR PROCESSING:

<p>Contracting Company:</p> <ol style="list-style-type: none"> 1. Ensure completion of the form 2. Retain a copy for your records 3. Provide the original to your employee 4. If the agreement is a: Human Resource Staff Augmentation contract (the Staffing Requisition originated in Human Resources), have your employee submit a copy to the NTESS Manager. It is required that initial ES&H Awareness (ESH100) and Computer Security Training (COM100) be reported. Otherwise, have your employee submit the original to the Sandia Delegated Representative. 	<p>Sandia Delegated Representative (SDR):</p> <ol style="list-style-type: none"> 1. Ensure that the NTESS Manager acknowledged by signing this form 2. Ensure input into the Training and Employee Development System (TEDS) 3. Retain the form 	<p>NTESS Manager or Delegate:</p> <ol style="list-style-type: none"> 1. Answer questions the contractor's personnel may have 2. Acknowledge by signing this form 3. Ensure input into TEDS 4. Retain the form
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