

COMPLETION RECORD FOR CONTRACTOR ADMINISTERED TRAINING

Name _____

Assigned Organization _____ SNL Employee/ID No. _____

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

Purchase Order (PO)/Contract Number _____

Contracting 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.

Sandia Manager or Delegate:

Signature *Date*

INSTRUCTIONS FOR PROCESSING:

Contracting Company:

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 **Sandia 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**.

Sandia Delegated Representative (SDR):

1. Ensure that the Sandia Manager acknowledged by signing this form
2. Ensure input into the Training and Employee Development System (TEDS)
3. Retain the form

Sandia Manager or Delegate:

1. Answer questions the contractor's personnel may have
2. Acknowledge by signing this form
3. Ensure input into TEDS
4. Retain the form

