

DEPARTMENT OF ENTOMOLOGY
SUPPLEMENTAL TRAINING VERIFICATION
[Revised 10/02]

I, _____, provided training in the following subject(s) and distributed to all employees in attendance the following written material.

Subjects Discussed

Written Materials Discussed or Handed Out

Signature of Person Conducting the Meeting

Date

I received the Supplemental Training and received the written materials (if any) described above (use back if necessary).

<u>Employee Name (Print)</u>	<u>Employee Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____