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| **LANE COMMUNITY COLLEGE*****SST Individual Training & Certification*** |
| **Name:**  | **Department:** |
| **Start Date:** | **Job Title:** |
| **Brief job or skill-area description:** |
| **Training Summary** |
| **Instructions:** Prior to training, list the specific skills or modules requiring training and identify or attach copy of documentation used to train the new employee. If no documentation is available, create a simple checklist prior to or during training to attach to this form and assist with future training. |
| **Specific Skill** | **Date** | **Trainer Signature** |
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| **Certification**The trainee certifies that s/he received the training listed above. The Trainer and Manager certify that the trainee received and successfully completed the above-listed training, and is now competent to perform the job specific skills and to have access to live Banner data. |
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| **Trainee:** | **Date:**  |
| **Peer Trainer:**  | **Date:**  |
| **Manager:**  | **Date:**  |

Please return completed form to CPDT/POD by campus mail or email to SST@lanecc.edu