

Employee's Request For Health and Safety Training

Employee Information		
Date:		
Name of Employee:	Position:	Employee #:
Last 4 digits of Social Security #:	Employee Email Address:	
Employee Contact #:	Shirt size(for OSHA course completion):	
Training Type (Select ONLY one)		
Training Requested: <input type="checkbox"/> OSHA 10hr for the Construction Industry <input type="checkbox"/> (online) OSHA 10hr for the Construction Industry <input type="checkbox"/> OSHA 30hr for the Construction Industry <input type="checkbox"/> (online) OSHA 30hr for the Construction Industry <input type="checkbox"/> CPR, First Aid, AED <input type="checkbox"/> (blended/online) CPR, First Aid, AED <input type="checkbox"/> NSC Defensive Driver 4hr <input type="checkbox"/> (online) NSC Defensive Driver 4hr <input type="checkbox"/> (online) Professional Truck Driver 4hr <input type="checkbox"/> (online) Safety Trained Supervisor in Construction (STSC test prep course) <input type="checkbox"/> (online) NFPA 70E for Qualified Persons <input type="checkbox"/> (online) NFPA 70E for Managers <u>Other (explain):</u>		
Cost Coding (Provide Job OR BU info. NOT both)		
Job#:	Job Cost Type: O	Job Cost Code:
BU#:	GL Code: 7215	
Approval		
Project Manager(if applicable):		Date:
Dept. Head/BU Manager:		Date:
<p>This form must be completed, approved, and forwarded to Jimmy Greene: jimmy@bernhardmcc.com Successfully registered employees and their approver will receive an email confirming enrollment.</p>		