



Short Service Employee Notification Form

Company Name: _____ Request Date: _____

Employee Name: _____ Hire Date: _____ Years in Oilfield: _____

Current Job Title: _____ Time in Present Position: _____ Years _____ Months

Employment Record: <i>(Last five years; please explain any gaps between employment)</i>			
Employer	Position	Start Date	Departure Date

	Yes	No
Has Employee received required EH&S Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Has Employee received minimum required EH&S Training?	<input type="checkbox"/>	<input type="checkbox"/>
Has Employee been trained to perform tasks required of his job?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Employee in compliance with your Drug and Alcohol program?	<input type="checkbox"/>	<input type="checkbox"/>

List of Safety Training Provided SSE	List of Specialty / Job Training Provided SSE

Signature of SSE being submitted (optional): _____

SSE Mentor Information

Employee Name: _____ Hire Date: _____ Years in Oilfield: _____

Current Job Title: _____ Time in Present Position: _____ Years _____ Months

Signature of SSE Mentor being submitted (optional): _____

Justification for Early Removal from SSE Program:

SSE Review and Approval

Contractor's Mgmt Approval:	_____	_____	_____	_____
FM O&G Project / Job Originator's Approval:	_____	_____	_____	_____
	Print Name	Print Title	Signature	Date