

State of Maine New Employee Orientation Certificate of Completion

I, the undersigned (Print Name)		from the
Department of		
I have successfully navigated a New Employee Orientation.	and completed the self	f directed State of Maine
I further understand that failure outlined by this training and at or policy may result in discipli	ttached links and /or pr	rovisions of state law, rule,
Employee Signature	Date	
Please print two copies. Retain a coprepresentative.	by for your files and fo	orward a copy to your agency HR
Employee Copy	Agency Co	ору