Attestation of Completion Form - 2005 (Initial) IST

New York Employment Services System
2005 Information Security Training Program

Employee Section:

I hereby attest that I have completed the 2005 Information Security Training Program, as mandated by the New York Employment Services System. I have read and understood its content and understand that I am responsible for complying with its contents as applicable/appropriate.

Employee

Name (Please PRINT):_____

Signature: _____ Date:_____

Agency Name:_____

Work Address/Location:_____

Work Telephone Number: _____ Ext._____

NYESS ID: _____

Facilitator or Supervisor Section:

I hereby confirm that the individual named above has completed the 2005 Information Security Training Program.

Supervisor NAME (Please PRINT):_____

Signature: _____ Date: _____

Work Telephone Number: (_____) _____

Make a copy for your records so it is available upon audit from the Office of Mental Health/NYESS.