PIFSC Supervisor/Sponsor Orientation Checklist

Employee/Contractor Name:	Date of Hire:
Supervisor/Sponsor Name:	Division/Prog: PSD / MTBAP

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Ex	planation of sponsor-employee relationship
CIN	MAR Admin contact information
Review with	
Contract Staff	
only:	
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	ntractor's Admin contact information
	ertifies that all items above were reviewed, and that ITS training requirements were met

Division Director's Signature

Date

Employee's Signature

Date