

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

EMPLOYEE RETRAINING CERTIFICATION

To be completed following a work related injury or improper working procedures observed

EMPLOYER'S NAME:		
I. RETRAINING COMPLETED		
Employee Name	Department	
The following topic(s) were covered in the retraining and reeducation:		
II. ACKNOWLEDGMENT		
I acknowledge that I was retrained and reeducated a	s per above. I understand the information provid	led
to me in the retraining. Based on the information, I c	an give a proper demonstration of the techniques	s. I
understand this document will become a part of my employment file.		
Employee Signature:	Date:	
Educator/Trainer Signature:	Date:	
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