Orientation Ride schedule and FTO Clearance

Employee Name: _____ Certification Level: _____

Date:	Station:	Shift Start Time:	FTO(Print and sign)

As a Field Training Officer I contest that this employee, named above, is competent in his or her abilities and may proceed to work his or her own shift, and is released from the observation rides with the FTO team. He or She has displayed competency and understanding of the basic functions at their license level and is ready to move forward in their orientation process.

Clearing FTO: _____ Date: _____

Education Director/Manager: _____ Date: _____

Once this form has been received by the Director of Education and Quality or by the Education and Quality Manager, it will be entered into payroll for the FTO's payment.

Date received: _____ *Date entered into Spreadsheet:* _____