NETWORK SECURITY AWARENESS TRAINING VERIFICATION REPORT

Date: _____

Please print this form, fill in the required information, sign and date it, and fax it back to "Attention: JCDC Security Team" at (512) 804-2002.

Job Corps Center/Agency Name:	
Total Number of Network Users at This Location:	
Total Number of Network Users Who Completed the Training:	
List of Individuals Who Have Not Completed the Training and a Brief Explanation:	*Example*: John Doe (on extended medical leave)

I, _____, hereby certify that the above
          (Print POC name here)
information regarding the mandatory staff Network Security Awareness Training is true and correct.

POC signature: _____

Date: _____