

.....unit.....

Silesian University in Opava

## CERTIFICATE OF COMPLETION OF THE ADAPTATION MINIMUM (TEMPLATE)

<b>Organizational unit:</b>	
<b>Workplace:</b>	
<b>Employee:</b>	
<b>Supervisor:</b>	
<b>Start date:</b>	

No.	Title	Deadline*	Signature
1.	Initial Occupational Health and Safety Training		
2.	Initial Fire Protection Training		
3.	Official Vehicle Driver Training		
5.	Specialized FP/OHS training – Select topic		
6.	Introduction to the Strategic Plan of the SU and the Unit		
7.	Introduction to the Internal Regulations and Standards – position: Select topic, 1 <sup>st</sup> week		
8.	Introduction to the Internal Regulations and Standards – position: Select topic, 1 <sup>st</sup> month		
9.	Introduction to the Internal Regulations and Standards – position: Select topic, 3 months		
10.	Introduction to Selected Internal Regulations and Standards Relevant to the Job Position (list attached) **		
11.	IS SU and Filing Service User Training		
12.	EIS Magion User Training		
13.	ICT Operation User Training		
14.	User Training for Other IS/SW/Devices/Equipment .....**		
15.	Work Activities Training		

\* *cross out if not relevant*

\*\* *to be completed by the supervisor if applicable*

In ..... on .....

.....

signature of the supervisor

*Note: Include additional lines in the form as required.*