



Mercedes-Benz

Non-MBUSI Team Member Required Training Form

Non-MBUSI Team Member Information:

First Name: **Last Name:** **Badge Number:** **Dept. / Cost Center:**

Job Title / Job Code: **MBUSI Supervisor:** **External Company:** **MBUSI Start Date:** **Contract End Date:**

Required Training to match that of:

Identified MBUSI Team Member:

First Name: **Last Name:** **Badge Number:**

This person has left the Company:

First Name: **Last Name:** **Badge Number:**

This person is now a full-time MBUSI employee:

First Name: **Last Name:** **Badge Number:**

Please delete this name from the variable workforce database.

Effective Date: _____

Approval Signatures (Required):

Supervisor Name – Printed

Supervisor Name - Signature

AIDT Use Only:

Date Entered:

Signature:

**** Please fax *signed* form to AIDT at x2299. For questions: call 507-2200****

