



# State of Maine New Employee Orientation Certificate of Completion

I, the undersigned (Print Name) \_\_\_\_\_ from the  
Department of \_\_\_\_\_ do hereby certify:

I have successfully navigated and completed the self directed State of Maine  
New Employee Orientation.

I further understand that failure to adhere to the Policies and Procedures  
outlined by this training and attached links and /or provisions of state law, rule,  
or policy may result in disciplinary action up to and including discharge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please print two copies. Retain a copy for your files and forward a copy to your agency HR  
representative.

\_\_\_\_\_ Employee Copy

\_\_\_\_\_ Agency Copy