

Certification Form for EEO Training

Please return completed form to Region 6, DCR, fax number 303-236-3816.

Date: \_\_\_\_\_

To: Chief, Diversity & Civil Rights, Region 6

From: \_\_\_\_\_

(Name Please Print)

\_\_\_ Supervisor/Manager

\_\_\_ Non-Supervisor/Manager

\_\_\_\_\_  
(Duty Station and Org Code)

Subject: Certification of Completion of EEO Training - Fiscal Year 2009

This document certifies that I completed my Fiscal Year 2009 Equal Employment Opportunity (EEO) training.

The 4-hour EEO training requirement was achieved by the following means:

Date	Vendor	Subject	No. of Hours	Cost
	DOI LEARN	No Fear Training (please fill in the date you took the training)	1	0