

Short Service Employee Form (SSEF)

Section I: To be completed by the H.R. Department

| | |
|--|---|
| I. SSE Information | Date of Request: ___/___/20__ |
| Contractor Company Name: _____ | |
| SSE Name: _____ | Current Classification Title: _____ |
| Total Years Related Experience: _____ Months | Experience in Current Position: ___ Years |
| H.R. Agent completing this Section: Date: ___/___/20__ | |

Section II: To be completed by the Safety Department

| | |
|---|--------------------------------------|
| II. Safety Department Review of SSE (Gate Keeper) | Date of Request: ___/___/20__ |
| The Safety Department will choose by selecting one of the SSE Plan's crew types listed below: | |
| <input type="checkbox"/> Single person crew – Can't be a SSE | |
| <input type="checkbox"/> Two (2) person crew up to a Five (5) person crew – No more than one (1) SSE | |
| <input type="checkbox"/> Six (6) person crew up to a Ten (10) person crew – No more than two (2) SSEs | |
| <input type="checkbox"/> Crews over Ten (10) persons shall have no more than 30% SSEs Without the Safety Director's approval | |
| Safety Department has determined that the standard New Employee Orientation / Safety training is adequate: YES <input type="checkbox"/> NO <input type="checkbox"/> . | |
| If NO, then the following additional training shall be required as follows: | |
| | |
| | |
| | |
| Additional training was provided by: _____ Date of Training: ___/___/20__ | |
| The Safety Representative acknowledges that the SSE has completed required safety & environmental training, and has notified _____, (project manager/supervision) of the SSE crew composition requirements, the training received, and the date and time the SSE shall be on the job site. The SSE employee is to report at job site: _____ on ___/___/20__ at ___: _____ AM / PM | |
| Safety Representative who completed this section: _____ Date: ___/___/20__ | |

Section III: To be completed by the Project Manager

| | |
|---|----------------------------|
| III. SSE Review & Mentor Assignments by Supervisor | Date: ___/___/20___ |
| The Area Supervisor has reviewed the SSEF (sections I & II), and has determined the following course of action to be taken or implemented as indicated accordingly to the following marked boxes: | |
| <input type="checkbox"/> Single person crew – Can't be a SSE | |
| <input type="checkbox"/> Two (2) person crew up to a Five (5) person crew – No more than one (1) SSE | |
| <input type="checkbox"/> Six (6) person crew up to a Ten (10) person crew – No more than two (2) SSEs | |
| <input type="checkbox"/> Crews over Ten (10) persons shall have no more than 20% SSEs Without the Safety Director's approval | |
| The assigned Mentor will be: | Date: ___/___/20___ |
| Supervisor Signature: | Date: ___/___/20___ |