

# I/N TEK & I/N KOTE SKILL MATRIX CERTIFICATION FORM

TEAM MEMBER: \_\_\_\_\_ PAYROLL NO.: \_\_\_\_\_

CURRENT POSITION? ELE / MECH / INST / M-H / OPER / COMPT / LABT / STAFF TECH

SKILL MODULE TITLE: \_\_\_\_\_ MODULE CODE: \_\_\_\_\_

CORRESPONDING COURSE CODE (if applicable): \_\_\_\_\_

CERTIFICATION DATE (**required!**): \_\_\_\_\_ LEVEL: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

The undersigned Certification Team Members verify that the above Team Member has demonstrated the skill, competence, and knowledge required to successfully perform this Skill Matrix module.

## REQUIRED SIGNATURES\*\* / PRINTED NAMES:

1) Resource/Trng Admin\*: \_\_\_\_\_ / \_\_\_\_\_

2) Team Member: \_\_\_\_\_ / \_\_\_\_\_

3) Team Member: \_\_\_\_\_ / \_\_\_\_\_

The Certification Team Members have informed me of their decision and recommendations regarding my performance today of the required skill(s).

Team Member Signature: \_\_\_\_\_

*Please review the Skill Matrix Summary document for your current position for guidance on a completion path to become fully qualified. For those moving between skill bases, refer to the 9231 Cross-Reference Matrix document.*

\* Resources must verify certification dates.

\*\* If Skills Matrix training is fulfilled via CD-ROM or video, ONLY the Training Administrator's signature is necessary.

Rev. Date:  
1/31/2009  
10/31/2011  
01/06/2012  
01/03/2018