Attestation of Completion Form

New York State Department of Labor
OSOS Access Training Program

Employee Section:
I hereby attest that I have completed the OSOS Access Training Program, as mandated by the New York Department of Labor. I have read and understood its content and understand that I am responsible for complying with its contents as applicable appropriate.

Employee Name: _____

Date: _____

Employee Email: _____

Agency Name: _____

Work Address/Location: _____

Work Telephone Number: _____Ext _____

Supervisor Section:
I hereby confirm that the individual named above has completed the OSOS Access Training Program.

Supervisor Name: _____

Date: _____

Supervisor Email: _____

Work Telephone Number: _____ Ext_____

Please retain a copy for your records and send in this fully completed document to your local Security Coordinator for approval and submissions. If you have any questions regarding your Security Coordinator or account, please contact:

By Mail:

OSOS Accounts
Division of Employment and Workforce Solutions
New York State Department of Labor
W. Averell Harriman State Campus
Building 12, Room 428
Albany, New York 12266

By Email:

osos.wdtd@labor.ny.gov

Call With Questions:

(518) 457-6586

OSOS
One-Stop Operating System