



List Confirming Participation in Information Training for Workers of a Subcontractor Company Performing Works in the Premises of Volkswagen Motor Polska Sp. z o.o.

Name of the Subcontractor Company

(Full Name and Company Address – Stamp or Electronic Inscription)

Informational Training Obligation in Accordance with Article 208 of the Labor Code

1. Fill in columns B-D electronically.

2. Print the file and collect hand signatures* in column E, then send the scan or photo of the list to the email address of the VW MP Coordinator

Order Number	Surname	Name	Date of Training	Legible Signature of Employee*
(A)	(B)	(C)	(D)	(E)
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