



**Next Generation Submarine Shipbuilding Supply Chain Partnership Incumbent Worker Training Program
Final Report**

Please complete for each type of training conducted.

Company Name: _____

Training Program: _____

TRAINING OUTCOMES

Total number of employees that COMPLETED this training: _____

Number of trained employees to receive a

credential as the result of this training	
wage increase as the result of this training	
promotion as the result of this training	

TRAINING IMPACT

Rate the impact this Incumbent Worker Training Program has had within your organization. On a scale of 1–10 with 1 being No Impact and 10 being Significant Impact.

Productivity	
Quality	

Did this training program meet the needs of your company and provide the necessary skills training for your employee? If not, please explain.

Please use this space to provide any additional feedback.
