*« Nom de votre entreprise »*

**Calendrier annuel de formation**

***ANNÉE***

**Formation spécifique**

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| **Participant** | **Activité de formation** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| Carole Pronovost | Opérateur de chariot élévateur |  |  | 1 | 1 |  | 2 | 2 |  |  |  |  |  |
| Sylvie St-Cyr | Transpalette |  |  |  |  | 1 |  |  | 2 |  |  |  |  |
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**Entraînement à la tâche**

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| **Participant** | **Poste** | J | F | M | A | M | J | J | A | S | O | N | D |
| Alain Beaubien | Ajusteur-monteur |  |  |  | 1 | 1 | 2 | 2 |  |  |  |  |  |
| Michel Kennedy | Opérateur |  |  |  |  |  |  | 1 | 1 |  | 2 | 2 |  |
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