



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Autumn King Policy/Procedure/Topic: See Below  
Trained By: Jacqueline Wilson Date Trained: 03/17/2021

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Autumn King  
Employee Signature

03/23/2021  
Date

Jacqueline Wilson  
Home Manager Signature

03/22/2021  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

- Documentation rechecked + floor books completed by March 23
- Sign FCC Monthly
- Sign Referrals per
- Cleaning responsibilities
- Training Survey completed by the end of the month
- Behavior plans
- Check in
- Recheck sign memo daily