



## Training Acknowledgment

Employee Name: Michaela Ray Policy/Procedure/Topic: Attendance  
Trained By: Amber Shephard Date Trained: 4.15.21

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.

Michaela Ray  
Employee Signature

4-21-21  
Date

Amber Shephard  
Home Manager Signature

4.22.21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Michaela Ray Policy/Procedure/Topic: DMA Expectation  
Trained By: Amber Shephard Date Trained: 4.15.21

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.

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Michaela Ray  
Employee Signature

4-21-21  
Date

Amber Shephard  
Home Manager Signature

4.22.21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Michaella Ray Policy/Procedure/Topic: Cell Phone Policy  
Trained By: Amber Shephard Date Trained: 4.15.21

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.

Michaella Ray  
Employee Signature  
Amber Shephard  
Home Manager Signature

4-21-21  
Date  
4.22.21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

### Training Acknowledgment

Employee Name: Michaelle Ray Policy/Procedure/Topic: Sleeping Policy  
Trained By: Amber Shephard Date Trained: 4-15-21

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.

Michaelle Ray  
Employee Signature

4-21-21  
Date

Amber Shephard  
Home Manager Signature

4-22-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR