



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Greg Elbanks 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.


Employee Signature

Home Manager Signature

4.22.21
Date

4.22.21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Greg Eubanks 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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Greg Eubanks
Employee Signature
Amber Shephard
Home Manager Signature

4-22-21
Date
4.22.21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Greg Eubanks Policy/Procedure/Topic: Documentation

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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Greg Eubanks
Employee Signature

4.22.21
Date

Amber Shephard
Home Manager Signature

4.22.21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Greg Elbanks 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.

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Greg Elbanks
Employee Signature
Amber Shephard
Home Manager Signature

4.22.21
Date
4.22.21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Greg Eubanks 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.

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Greg Eubanks
Employee Signature
Amber Shephard
Home Manager Signature

4.22.21
Date
4.22.21
Date

Copy to Employee
Copy to Employee Personnel File/HR