



## Training Acknowledgment

Employee Name: Brittney Faith Miller Policy/Procedure/Topic: Sleeping Policy

Trained By: Amber Shephard Date Trained: 4-23-21

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.

Brittney Faith Miller  
Employee Signature

4/23/21  
Date

Amber Shephard  
Home Manager Signature

4-23-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Brittney Faith Miller Policy/Procedure/Topic: Documentation

Trained By: Amber Shephard Date Trained: 4.21.21

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.

Brittney Faith Miller  
Employee Signature

4/23/21  
Date

Amber Shephard  
Home Manager Signature

4-23-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Brittany Faith Miller Policy/Procedure/Topic: Attendance

Trained By: Amber Shephard Date Trained: 4-23-21

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

4/23/21  
Date

  
Home Manager Signature

4-23-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Brittney Faith Miller Policy/Procedure/Topic: DMA Expectation

Trained By: Amber Shephard Date Trained: 4/23/21

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.

B. Miller  
Employee Signature

4/23/21  
Date

Amber Shephard  
Home Manager Signature

4-23-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Bri Hay Faith Miller Policy/Procedure/Topic: Cell Phone Policy

Trained By: Amber Shephard Date Trained: 4/23/21

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.

Bri Hay Faith Miller  
Employee Signature

4/23/21  
Date

Amber Shephard  
Home Manager Signature

4-23-21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR