



Training Acknowledgment

Employee Name: Susan Deffernick Policy/Procedure/Topic: Cell Phone Policy

Trained By: Amber Shephard Date Trained: 5/4/21

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.

Susan Deffernick
Employee Signature

5-14-21
Date

Amber Shephard
Home Manager Signature

5/14/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Susan Seffernick Policy/Procedure/Topic: Sleeping Policy

Trained By: Amber Shephard Date Trained: 5/14/21

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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Susan Seffernick
Employee Signature

5/14/21
Date

Amber Shephard
Home Manager Signature

5/14/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Susan Seffernick Policy/Procedure/Topic: Attendance

Trained By: Amber Shephard Date Trained: 5/4/21

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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Susan Seffernick
Employee Signature

5-14-21
Date

Amber Shephard
Home Manager Signature

5-14-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Susan Jeffernick Policy/Procedure/Topic: Documentation

Trained By: Amber Shephard Date Trained: 4.28.21

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.

Susan Jeffernick
Employee Signature

4/28/21
Date

Amber Shephard
Home Manager Signature

4-28/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Susan Seffernick Policy/Procedure/Topic: DMA Expectation

Trained By: Amber Shephard Date Trained: 5/14/21

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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Susan Seffernick
Employee Signature

5/14/21
Date

Amber Shephard
Home Manager Signature

5/14/21
Date

Copy to Employee
Copy to Employee Personnel File/HR