

Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Trainings / ADP
Trained By: Angela Stite Date Trained: 6.2.21

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.

Brayden Marshall
Employee Signature

6/2/21
Date

Angela Stite
Home Manager Signature

6.2.21
Date

Copy to Employee
Copy to Employee Personnel File/HR

Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Billerix/Census

Trained By: Angela Stilo Date Trained: 6-2-21

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

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Brayden Marshall
Employee Signature

6/2/21
Date

Angela Stilo
Home Manager Signature

6-2-21
Date

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Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Next Step

Trained By: Angela Stiles Date Trained: 6.2.21

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Brayden Marshall
Employee Signature

6/2/21
Date

Angela Stiles
Home Manager Signature

6.2.21
Date

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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Clarity
Trained By: Angela Stiles Date Trained: 6.2.21

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

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Brayden Marshall
Employee Signature

6/2/21
Date

Angela Stiles
Home Manager Signature

6.2.21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Sexual Abuse

Trained By: Angela Stiles Date Trained: 6.3.21

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Brayden Marshall
Employee Signature

6/3/21
Date

Angela Stiles
Home Manager Signature

6.3.21
Date

Copy to Employee
Copy to Employee Personnel File/HR

Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: PexCARD
Trained By: Angela Stille Date Trained: 6.3.21

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

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Brayden Marshall
Employee Signature

6/3/21
Date

Angela Stille
Home Manager Signature

6.3.21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Brayden Marshall Policy/Procedure/Topic: Hm check list
Trained By: Angela Stute Date Trained: 6.3.21

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

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Brayden Marshall
Employee Signature

6/3/21
Date

Angie Stute
Home Manager Signature

6.3.21
Date

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