



Training Acknowledgment

Employee Name: ASHLEY JOHNSTON Policy/Procedure/Topic: See Below
Trained By: Megan Davis Date Trained: 6/30/2021

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.

Ashley Johnston
Employee Signature

6/30/2021
Date

Megan Davis
Home Manager Signature

6-30-21
Date

Copy to Employee
Copy to Employee Personnel File/HR

Policy # HR - 051
Policy # MM - 053
Policy # HR - 045
Resident PCP
Chain of Command
Documentation
DCL