



Training Acknowledgment

Employee Name: Heather Color Policy/Procedure/Topic: CTS-018 - First Aid/CPR
Trained By: Brittany Allen Date Trained: 06/30/2021

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.

Heather Color
Employee Signature

6/30/21
Date

Brittany Allen
Home Manager Signature

6/30/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Heather Colun Policy/Procedure/Topic: CTS-023 - Bed Check
Trained By: Brittany Allen Date Trained: 06/30/2021

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.

Heather Colun
Employee Signature

6/30/21
Date

Brittany Allen
Home Manager Signature

06/30/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Heather Colon Policy/Procedure/Topic: CTS-026 - AWOL
Trained By: Brittany Allen Date Trained: 06/30/2021

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.

Heather Colon
Employee Signature

6/30/21
Date

Brittany Allen
Home Manager Signature

06/30/21
Date

Copy to Employee
Copy to Employee Personnel File/HR