BEACON
Specialized Living

Training Acknowledgment

Employee Name: Skylir maloney Policy/Procedure/Topic: 8 Dignity/Harassment

Trained By: Brooke Landis Date Trained: 7/8/21

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.

Skylir Maloney
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Skylir maloney Policy/Procedure/Topic: Water Cleaning

Trained By: Brooke Landis Date Trained: 7/8/21

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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Skylir Maloney
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Specialized Living

Training Acknowledgment

Employee Name: Skylir Maloney Policy/Procedure/Topic: Cell Phones

Trained By: Brooke Landis Date Trained: 7/8/21

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

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Skylir Maloney 7/8/21
Employee Signature Date

Brooke Lynn Landis 7/8/21
Home Manager Signature Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Skylir maloney Policy/Procedure/Topic Chart notes

Trained By: Brooke Landis Date Trained: 7/8/21

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

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Skylir Maloney
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Skylir malone Policy/Procedure/Topic: On call

Trained By: Brooke Landis Date Trained: 7/8/21

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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Skylir Malone
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Specialized Living

Training Acknowledgment

Employee Name: Skyler Malone Policy/Procedure/Topic: clocking in/out

Trained By: Brooke Landis Date Trained: 7/8/2021

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.

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Skyler Malone — 7/8/2021
Employee Signature — Date

Brooke Lynn Landis — 7/8/21
Home Manager Signature — Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Skylir maloney Policy/Procedure/Topic: Guardian office

Trained By: Brooke Landis Date Trained: 7/8/21

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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Skylir Maloney
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR