



Training Acknowledgment

Employee Name: Megan Davis Policy/Procedure/Topic: Med order
Trained By: Sierra Way Date Trained: 7/28/2021

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.

Megan Davis
Employee Signature

7-28-21
Date

Sierra Way
Home Manager Signature

7/28/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Megan Davis Policy/Procedure/Topic: COS - ADP
Trained By: Sierra Way Date Trained: 8/18/21

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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Megan Davis
Employee Signature

8-18-21
Date

Sierra Way
Home Manager Signature

8/18/21
Date

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Copy to Employee Personnel File/HR