BEACON
Specialized Living

Training Acknowledgment

Employee Name: Barbara George Policy/Procedure/Topic: See Below

Trained By: Rochelle Jarri Date Trained: 09/22/2021

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.

Barbara George 9.22.21
Employee Signature Date

Jarri 9/22/2021
Home Manager Signature Date

Copy to Employee
Copy to Employee Personnel File/HR

CTS-017 Advance Directive
CTS-027 Resident Funds
HR-054 Social Media
IC-014 Food Handling + Storage
MM-020 Monthly Vital Signs Monitoring