BEACON
Specialized Living

Training Acknowledgment

Employee Name: Roxanne Wright Policy/Procedure/Topic: Cell phone HR-042

Trained By: Mandy Betancourt HM Date Trained: 10-8-2021

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.

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.

Roxanne Wright
Employee Signature

10-8-2021
Date

Home Manager Signature

10.8.21
Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Roxanne Wright Policy/Procedure/Topic: On-Call HR-051

Trained By: Mandy Betancourt HM Date Trained: 10-8-2021

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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Roxanne Wright — Employee Signature

10-8-2021 — Date

Home Manager Signature

10-8-21 — Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Roxanne Wright Policy/Procedure/Topic: Attendance #HR042

Trained By: Mandy Betancourt HM Date Trained: 10-8-2021

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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Roxanne Wright
Employee Signature

10-8-2021
Date

Home Manager Signature

10.8.21
Date

Copy to Employee
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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Roxanne Wright Policy/Procedure/Topic: Covid masks

Trained By: Mandy Betancourt HM Date Trained: 10-8-2021

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

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Roxanne Wright
Employee Signature

10-8-2021
Date

Home Manager Signature

10.8.21
Date

Copy to Employee
Copy to Employee Personnel File/HR