



Training Acknowledgment

Employee Name: Candice Wilson Policy/Procedure/Topic: Smoking
Trained By: Kelly Date Trained: 10-12-21

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.

Candice Wilson
Employee Signature

10/12/21
Date

Kelly Kruttsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Smoking
Trained By: Kelly Date Trained: 10-12-21

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.

Robert Hunt
Employee Signature

10/12/21
Date

Kelly Kruttsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Taylor Vain Policy/Procedure/Topic: Smoking policy
Trained By: Kelly Date Trained: 10-12-21

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.

Taylor Vain
Employee Signature

10/12/21
Date

Kelly Kutsch
Home Manager Signature

10/12/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Tysha McClain Policy/Procedure/Topic: Smoking Policies
Trained By: Kelly Date Trained: 10-12-21

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.

Tysha McClain
Employee Signature

10/12/21
Date

Kelly Krubel
Home Manager Signature

10/12/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Jennifer Bonc Policy/Procedure/Topic: Smoking Policy
~~Blackboard Pathways~~
Trained By: Kelley Date Trained: 10-12-21

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.

[Signature]
Employee Signature

10-12-21
Date

[Signature]
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Tasha letter Policy/Procedure/Topic: Smoking policy

Trained By: Kelly Kruttsch Date Trained: 10-12-21

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.

Tasha letter
Employee Signature

10-12-21
Date

Kelly Kruttsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR