Owakihi, Inc.

Training Summary Form

I. **Employee:** Nora Gelle **Topic:** OC training **Credit Hours:** 4.0

II. **Description of Training Content:**
Using email, entering and approving timecards on ADP, importance of communication, accessing next step

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
____	Self Study	____	Written: ____	____	Knowledge Testing (Quiz)
____	Individualized Training	X	Oral Presentation and Dialogue	____	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	____	Other:
X	Owakihi Inservice	____	Guided Practice		
____	Other: ____	____	Other: ____		

IV. **Date(s):** 4/26/20 (M/D/Y) Trainer/Position: Leadership Development Manager

Time(s): 10-2:00p (AM or PM) Trainer Signature: Jordan

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: Nora Gelle

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.