



## TRAINING RECORD

*/not valid without employee's signature/*

Name (print):	
Dept/Site:	
Date Competency Achieved:	
Credit Hours:	

### Policy or Topic

Signature	Policy	Signature	Policy	Signature	Policy
	Employment Guidebook		Workplace Safety		OSHA Bloodborne Pathogen
	Employee Professionalism		Equal Employment Opportunity and Freedom from Harassment		Behavior management
	Drug and Alcohol Use		HIPAA and/or Confidentiality		Emergency and Disaster Preparedness Procedures
	Mandatory Abuse and Neglect Reporting		Orientation III		Interventions
	Attendance and Punctuality Policy		Positive Youth Development		Suicide Prevention
	Self-Care		Medication Orientation		Violence on the Job Training
	Active Shooter Training		Other:		Other:

I have been trained on the policy as initialed above, received a copy of it, and had an opportunity to ask questions. I understand and will abide by Janus Youth expectations.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Trainer's Name: \_\_\_\_\_

Supervisor/Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy to HR for Paycom data entry and file*