



Family Services Foundation, Inc.

Date of request: _____ Received by: _____

Employee Name (please print): _____

Phone # (day time): _____ (evening) _____

I require an interpreter: Yes No Date Interpreter Confirmed: _____

I would like to register for the following trainings on the dates and times listed below:

<u>Mandatory Trainings</u>	<u>Registered for</u>	<u>Class ID#</u>	<u>Location</u>
Medication Administration MTTP 20 hours course			
Behavior Principals and Strategies 1&2			
Behavior Principals and Strategies 3&4			
Community Integration and Inclusion			
Individual-directed, Outcome Oriented Planning (IDOOP)			
Supporting Individuals and Their Families			
Aging Process and special Needs of the elderly			
OSHA & Communicable Disease & Universal Precautions			
Seizure First Aid and Recognition			
General Characteristics			
Fundamental Rights			
CPR			
First Aid			
Communication skills			
Identification and Reporting of Critical Incidents			
Drivers Training			
Daily Log			

I understand that I must give 3 days notice if I cannot attend a training that I have registered myself for. Absence from training must be approved by my manager and the training site must be notified within 3 days. I understand that I will not be excused from training without authorization from my manager. Excused absences are referenced as sudden illness, car accident, death of a family member, and jury duty. Excused absences do NOT include; traffic issues, overslept, forgot I had training, other occupational obligations, school obligations.

I acknowledge that disciplinary action will be taken for not attending trainings that I am registered for.

I've read the above and I'm aware that I've been registered for training(s).

Employee's Acknowledgement Signature

Date

Manager / Supervisor Signature

Date

Date entered in DB: _____

Initials: _____