

## TRAINING ACKNOWLEDGEMENT FORM

(Please Print/Fill Out/Sign/Return)

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Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

**I acknowledge that I fully participated in the following trainings in their entirety & received all of the backup documentation & policies for the designated self-guided course(s):**

<u>Completed</u>	<u>Date</u>	<u>Course Title</u>
<input type="checkbox"/>	_____	COVID-19
<input type="checkbox"/>	_____	Cyber Security
<input type="checkbox"/>	_____	Sexual Harassment& Discrimination Prevention (Nonsupervisory) <ul style="list-style-type: none"> <li><input type="checkbox"/> DFEH online training</li> <li><input type="checkbox"/> Bullying video</li> <li><input type="checkbox"/> Civil Service Rule 20 video</li> <li><input type="checkbox"/> Discrimination video</li> <li><input type="checkbox"/> SJC Reporting Process Video</li> </ul>
<input type="checkbox"/>	_____	Sexual Harassment& Discrimination Prevention (Supervisory) <ul style="list-style-type: none"> <li><input type="checkbox"/> DFEH online training</li> <li><input type="checkbox"/> Bullying video</li> <li><input type="checkbox"/> Civil Service Rule 20 video</li> <li><input type="checkbox"/> Discrimination video</li> <li><input type="checkbox"/> SJC Reporting Process Video</li> </ul>

I acknowledge that it is my responsibility to agree and adhere to the principles and guidelines in the training and in these policies.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:**

The information on this form will be used to accurately identify employees who have received training. This form will be filed in the employee's PeopleSoft training records for the purpose of identifying which employees have been trained.

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Please return your completed form to [sicengage@sigov.org](mailto:sicengage@sigov.org) in order to receive credit for your trainings.