

TRAINING ACKNOWLEDGEMENT FORM

(Please Print/Fill Out/Sign/Return)

Name:		Employee ID #
Job title/Classif	ication:	
Department: _		
		participated in the following trainings in their entirety & received all of the policies for the designated self-guided course(s):
Completed	<u>Date</u>	Course Title
		HR0729- COVID-19
		HR0721- Cyber Security
		☐ Cyber Security Video 1
		☐ Cyber Security Video 2
		HR0750- Public Service Ethics
		☐ Public Service Ethics Video
		☐Ethics Policy read
		HR0151-Sexual Harassment& Discrimination Prevent. (Nonsupervisory)
		☐ DFEH Online Training (Interactive Training)
		□ DFEH Certificate of Completion
		☐ Harassment Prevention Video
		☐ Supplemental Documents read
		HR0070- Sexual Harassment& Discrimination Prevention (Supervisory)
		☐ DFEH Online Training
		□ DFEH Certificate of Completion
		☐ Harassment Prevention Video
		☐ Supplemental Documents read
		HR0200- Heat Illness Prevention (Nonsupervisory)
		HR0802- Heat Illness Prevention (Supervisory)
		HR0176- Experienced Driving
		HR0141- Emergency Preparedness
I acknowledge policies.	that it is my resp	consibility to agree and adhere to the principles and guidelines in the training and in these
Employee S	ignature: _	Date:
		e used to accurately identify employees who have received training. This form will be filed in the
employee's Peop	pieSoft training red	cords for the purpose of identifying which employees have been trained.

Please return your completed form to SJCENGAGE@sjgov.org to receive credit for your trainings, CC: Department Training Processor