

TRAINING ACKNOWLEDGEMENT FORM

(Please Print/Fill Out/Sign/Return)

Name: _____ Employee ID # _____

Job Title/Classification: _____

Department: _____

All courses below are self-guided and can be found on the [SJC Engage](#) website under General Mandatory or Safety Courses.

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"/>	_____	HR0721 - Cyber Security <input type="checkbox"/> Cyber Security Video 1 <input type="checkbox"/> Cyber Security Video 2
<input type="checkbox"/>	_____	HR0750 - Public Service Ethics <input type="checkbox"/> Public Service Ethics Video <input type="checkbox"/> Read Ethics Policy
<input type="checkbox"/>	_____	HR0151 - Sexual Harassment & Discrimination Prevent. (Non-Supervisory) <input type="checkbox"/> Harassment Prevention Video (<i>Videos/Presentations</i>) <input type="checkbox"/> Civil Rights Department Online Training (<i>Interactive Training</i>) <input type="checkbox"/> Civil Rights Department Certificate of Completion – attach to email <input type="checkbox"/> Read Supplemental Documents (<i>Supplemental Documents & Policies</i>)
<input type="checkbox"/>	_____	HR0070 - Sexual Harassment & Discrimination Prevention (Supervisory) <input type="checkbox"/> Harassment Prevention Video (<i>Videos/Presentation</i>) <input type="checkbox"/> Civil Rights Department Online Training (<i>Interactive Training</i>) <input type="checkbox"/> Civil Rights Department Certificate of Completion – attach to email <input type="checkbox"/> Read Supplemental Documents (<i>Supplemental Documents & Policies</i>)
<input type="checkbox"/>	_____	HR0200 - Heat Illness Prevention (Non-supervisory)
<input type="checkbox"/>	_____	HR0802 - Heat Illness Prevention (Supervisory)
<input type="checkbox"/>	_____	HR0141 - Emergency Preparedness

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.