



Acknowledgement Form Training Requirements

I have reviewed the Classroom and Online Courses ([Required and Optional Training List](#)) with my supervisor. I will register for the required classroom sessions as soon as possible. I understand that I am to complete the required classroom and online sessions within the first year of my employment.

Employee Signature

Supervisor Signature

Date

Date

Print name

Print name

Supervisor Instructions: Place a copy of this signed form and the checklist (or other customized required training tracking format) in the employee's personnel file and update periodically to document completion of required courses. Send a copy of this signature page and checklist to your local HR office and use your local reporting system to keep them updated on this employee's progress through the required training.

HR Office Staff or Training Coordinator Instructions: Place a copy of this signature page and the training checklist in the employee's personnel file. To audit compliance with the one-year requirement, monitor using a contact system (or other local reporting system) to make sure that the new employee, supervisor, or manager is scheduled and attends training within one year. Be prepared to report on compliance to the Employee and Management Development (EMD) section. Contact EMD staff at DHHS.HR.Division@dhhs.nc.gov, if you have any questions or problems with registration, scheduling, or attendance.