Training Completion Verification

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Relationship Violence & Sexual Misconduct Training**

 Yes  No If yes, date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Active Violence Training**

 Yes  No If yes, date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training is to be completed within 30 days of date of hire.

Please return within 30 days to:

Staff Human Resources

446 W. Circle Drive

*Room 113*

Morrill Hall of Agriculture

East Lansing, MI 48824

lloydka2@anr.msu.edu