

Employer Name: _____ Date of Submission: _____

Employee Name: _____

EMPLOYER STATEMENTS

By submitting this form, I certify that my employee has completed the trainings listed below. Attached with this form are training verification documents, proving that the identified training was successfully completed.

I understand that my employee will be reimbursed the total amount of their agreed upon hourly rate of pay times the number of identified training hours completed.

Training hours were allocated by CLS Wayne and are a set amount.

I understand that my employee will be paid for the pre-employment training:

With their first paycheck (for new employers).

In an off-cycle payment (for existing employers).

I understand that payment will be delayed if proof of training completion is not provided with this form.

I understand that the pre-employment training payment is a one-time payment.

Hourly Rate of Pay: \$ _____

Training Hours: 7.5 hours total _____

Training	Number of Allocated Hours
First Aid	3.5 hours
Recipient Rights	40 minutes
Recipient Rights Virtual	2 hours
Infection Prevention and Control Practices	35 minutes
Emergency Preparedness	45 minutes

EMPLOYEE STATEMENTS

By signing this document requesting payment for pre-employment training, I certify that I have completed the trainings listed above. I have attached proof of training completion to this form.

I understand that failure to provide proof of training completion will delay my training payment.

I understand that the training payment is considered taxable income.

Employer Name: _____

Employer Signature: _____ Date: _____

Employee Name: _____

Employee Signature: _____ Date: _____