



CATHOLIC COMMUNITY SERVICE
Training Attestation

Name of Training: All Staff Meeting Date of Training: 12/9/2020

Name of Trainer: Senior Management

Name of Participant: _____

I, _____, hereby attest that I have received the training named above and agree to adhere to any policies and procedures notated in the training.

Staff Signature: _____ Date: _____

1. **Welcome and Housekeeping**
2. **CCS Agency Education**
 - a. What's New at CCS
3. **CCS Safety Update**
4. **Updates & Reminders from Human Resources**
 - a. Introduction to Paycor – Clocking in and out
 - b. KnowB4
 - c. Gifts – Receiving and Giving
 - d. Come to our first virtual Holiday Party
5. **Closing Reminders – Attestations**