



CATHOLIC COMMUNITY SERVICE

Training Attestation

Name of Training: All Staff Meeting Date of Training: 09/16/2020

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. Who are the Senior Staff members and what do they do?
 - b. What is "Executive Office" and what do they do?
 - i. Human Resources
 - ii. Finance Team
 - iii. Fund Development & Outreach
 - c. What's New at CCS
3. **CCS Safety Update**
 - a. Focus on keeping our staff and clients safe
 - b. First Aid Kits
 - c. Assessments for possible safe reopening of Senior Centers
4. **Updates & Reminders from Human Resources**
 - a. 403(b) Retirement Plan Reminders
 - b. New Employee Assistance Program (EAP)!
 - c. Employee Technology
 - d. HR/Payroll Leave Reminders
5. **Employee Recognition**
6. **Closing Reminders – Attestations**