

The Respite Connection, Inc.

Training/ Meeting Note:

Remember that you must also document these hours on your timecard!

Employee Printed Full Name: _____

Employee Signature: _____

Date (month/day/year): _____ Total # of Hours: _____

Start Time: _____ AM PM End Time: _____ AM PM

Please select type of training/meeting*:

- | | |
|--|---|
| <input type="checkbox"/> Child Abuse for Mandatory Reporters (limit 2.5 hours) | <input type="checkbox"/> Annual Review |
| <input type="checkbox"/> Dependent Adult Abuse for Mandatory Reporters (limit 2.5 hours) | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Workplace Violence Prevention Training (limit 1 hour) | <input type="checkbox"/> Brain Injury Waiver Training |
| <input type="checkbox"/> Fraud Prevention Training (limit 1 hour) | |

If training is with a client, please select service type: Individual Respite Group Respite SCL

Type of match: TRC Match Family Friend Family Referred

Consumer Introduction/Orientation meeting; Consumer's Name: _____

Job Shadowing; Consumer's Name: _____

Consumer No-Show; Consumer's Name: _____ (limit 1 hour; arrived for **scheduled** shift and client was not present)

Required Meeting; Purpose of Meeting: _____

Additional Training** (ex., CPR/First Aid) _____

Interpreting/Translating; Consumer's Name _____
Purpose of Meeting: _____

Cost (Training only): \$ _____ **Certificate must be attached (MUST BE PRE-APPROVED)**

Approved By: _____ **Verified that staff has SCL rate**

Approval verifies documentation was received or attendance was verified for all training time.

** All time for training courses and required meetings will be paid at \$9.50 per hour.*

*** Non-required training courses must be pre-approved by a TRC Supervisor in order to be paid.*