



Archdiocese of Agana

CHANCERY OFFICE

196 Cuesta San Ramon, Ste. B ▪ Hagåtña, Guam 96910 ▪ Tel:(671)472-6116 ▪ Fax:(671)477-3519

Training Module/Class: _____

Date of Attendance: _____

Time of Attendance: _____

I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by Archdiocese of Agana policy, procedures and guidelines in accordance with the training.

I further acknowledge the if I am knowledgeable of further deficiencies on the agency I worked for, I will initiate action to implement best practices as discussed on the training.

If I have questions about the training, materials presented or Archdiocese of Agana policy and procedures, I understand it is my responsibility to seek clarification from my immediate supervisor or department head.

Agency Represented _____

Employee Signature _____

Date _____

Print name _____

HR Office Staff or Training Coordinator Instructions: Place a copy of this signature page in the employee's personnel file. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the employee, supervisor, or manager is scheduled and attends refresher training within the follow-up period.