



### PCA Complex Cares Training Record

Name of Employee (Print): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Listed below is training that is required to continue eligibility for employment through Accra. All employees are expected to complete the training sessions within time frames that represent reasonably established estimates. If times do not reflect the estimated time frame, further explanation from the employee may be requested by Human Resources. The compensation rate is \$19.00/hr and is set in compliance with the minimum hourly rate standards, as well as the Collective Bargaining Agreements.

*Please document time in 15-minute increments*

Training Topic	Date Completed Month/Day/Year	Time In AM/PM	Time Out AM/PM	Total Hours
PCA Complex Cares				

**By signing below, I acknowledge that the above training was completed in the time designated. I understand that compensation for my training will be deposited within the Accra payroll schedule, and will be dependent on when this training record is submitted by me. I understand that fraud is a felony, will not be tolerated, and may result in termination.**

**Please return this form to [employeeecare@accracare.org](mailto:employeeecare@accracare.org), or via fax at 952-935-7112**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accra Human Resources

\_\_\_\_\_  
Date