



SECRETARY COURSE/TRAINING VERIFICATION FORM

****Prior approval from your Administrator/Manger is required to attend this training** Please visit: <http://www.cr.k12.ia.us/departments-services/human-resources/>**

_____	_____
Employee Name / Location	Position
_____	_____
Name of Course/Seminar	Sponsor
_____	_____
Dates	Number of contact hours

Please provide a brief description of course/seminar attended. **Please attach a certificate of completion after you have completed the course.** If a certificate is not provided the instructors signature will be required verifying your full attendance. Information will be reviewed by the Human Resources Department for credit.

_____	_____
Instructor Signature	Date

COMPLETE THE TOP PORTION OF THIS FORM AND SEND TO HUMAN RESOURCES OR EMAIL TO: HUMANRESOURCES@CR.K12.IA.US

Office use only

APPROVED DENIED

_____	_____
Executive Director - Human Resources (or designee)	Date