

New York State Office for People with Developmental Disabilities

Acknowledgment of Training

I have read and understand the **Sexual Harassment in the Workplace** Mandatory Training material.

To ensure that your training history is updated please **PRINT** your name clearly below.

_____	_____	_____
Print Name	Signature	Date
_____	_____	
Work Location	Phone Number (Please include area code.)	
_____	_____	
Supervisor's Name	Username or Item Number	

If you are a Consultant/Contractor, please check the following box:

If you are a Temp Employee, please check the following box:

If you are a Family Care Provider, please check the following box:

Please complete and send to:

Email: talentdevelopment@opwdd.ny.gov

or

Fax: 518-473-4490