

Progress

Employee Name **ABBOTT, CARLETTA**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **08/02/2017**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

VEHICLE INSPECTION DUE DATE	04/01/2018
AUTO INSURANCE EXPIRATION DATE	02/09/2018

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

	Expires
HIPAA	8/14/2018
Medication Administration For Unlicensed	8/2/2017
Medication Administration Procedure	
OSHA	8/3/2018
Title VI	8/3/2018

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **ALLEY, LEWIS**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **09/01/2016**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

VEHICLE INSPECTION DUE DATE	10/01/2017
AUTO INSURANCE EXPIRATION DATE	04/04/2017

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

	Expires
CPR	9/1/2018
First Aid	9/1/2018
HIPAA	9/8/2017
Medication Administration For Unlicensed	
Medication Administration Procedure	
OSHA	11/7/2017
Title VI	11/7/2017

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **BARKER, SAM**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **11/21/2017**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

Expires

Medication Administration For Unlicensed
Medication Administration Procedure

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **BEYER, CIARA**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **08/30/2017**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

	Expires
HIPAA	8/31/2018
Medication Administration For Unlicensed Medication Administration Procedure	
OSHA	9/5/2018
Title VI	8/31/2018

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **BROWN, WILLIE**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **02/15/2008**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

VEHICLE INSPECTION DUE DATE	04/01/2018
AUTO INSURANCE EXPIRATION DATE	07/31/2018

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

Expires

Medication Administration Procedure

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **DUCROS, GENEVIEVE**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **05/16/2017**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

	Expires
HIPAA	5/18/2018
Medication Administration For Unlicensed Medication Administration Procedure	
OSHA	5/19/2018
Title VI	5/18/2018

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **HOWARD, DAWN**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **10/08/2003**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

VEHICLE INSPECTION DUE DATE

10/01/2017

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

Expires

Medication Administration Procedure

OSHA

6/27/2018

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **KLEBS, DANA**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **07/16/2015**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

I-9 NEEDED
I-9 NEEDED

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

Expires

Medication Administration For Unlicensed
Medication Administration Procedure

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **PATEL, SUPRIYA**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **07/16/2015**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

AUTO INSURANCE EXPIRATION DATE

07/31/2016

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

	Expires
HIPAA	6/30/2018
Medication Administration For Unlicensed Medication Administration Procedure	
OSHA	6/30/2018
Title VI	6/30/2018

TSI Training not taken

Project Search- Vandy

Patel, Supriya

Lane, Tony

Assigned: 10/2/2015

ISP Amendment

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date

Progress

Employee Name **SUMMERS, TIMOTHY**

Employee's Manager **HOLLINGSWORTH, PAM**

Date of Hire: **05/23/2018**

Employment Status **ACTIVE**

New Employee

General Information (Needed prior to next Pay Day or Prior to Date of Expiration)

TRAINING THAT HAS OR IS ABOUT TO EXPIRE

Mandatory Training

Expires

Medication Administration For Unlicensed
Medication Administration Procedure

TSI Training not taken

All the above are Mandatory Requirements for your continued employment. Please help us to insure that all these are met within the required time frames so as not to interrupt your employment status.

Employee Signature

Date