



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Metropolitan YMCA of the Oranges

On-Line Training Time for Payroll Processing

BRANCH	DEPARTMENT	DATE OF HIRE	SUPERVISOR
<input type="checkbox"/> 1-AS <input type="checkbox"/> 2-GB <input type="checkbox"/> 4-EO <input type="checkbox"/> 5-WA <input type="checkbox"/> 6-FL <input type="checkbox"/> 7-WE <input type="checkbox"/> 8-SM <input type="checkbox"/> 9-SC			
LAST NAME		MI	FIRST NAME

ENTER INFORMATION IN ALL COLUMNS

TRAINING	DATE OF TRAINING	# OF MINUTES	TRAINING TAKEN DURING SHIFT CIRCLE ONE	TIME ENTERED INTO CERIDIAN CIRCLE ONE
Metro Y Orientation (2.5 Hours)			Yes/No	Yes/No
Appropriate Touch (15 Minutes)			Yes/No	Yes/No
Managing Your Risk of Exposure to Bloodborne Pathogens (60 Minutes)			Yes/No	Yes/No
Safe Lifting (20 Minutes)			Yes/No	Yes/No
Preventing Member and Guest Slip, Trips and Falls – (20 Minutes)			Yes/No	Yes/No
Harassment Prevention (60 Minutes)			Yes/No	Yes/No
Anti-Harassment for Managers ONLY (13 minutes)			Yes/No	Yes/No
Abuse Prevention Refresher (45 Minutes) <i>(ONLY staff who completed Praesidium Course in pervious yr)</i>			Yes/No	Yes/No
Meet Sam (20 Minutes)			Yes/No	Yes/No
It Happened to Me (20 Minutes)			Yes/No	Yes/No
Keeping Your Y Safe (20 Minutes)			Yes/No	Yes/No
Duty to Report – Mandated Reporter (30 Minutes)			Yes/No	Yes/No
Other – Specify Training & Length of training:			Yes/No	Yes/No
TOTAL Minutes				

Prepared by: _____ Title: _____
(Print Name)

Signature: _____ Date: _____

Attach Sheet to completed Certificates - Send to HR