



Human Resource Services

Employee Notification of District Training

for New and Current Employees (HR Use Only)

Name: _____

Location: _____

Phone: _____

- Please note that you will be required to attend the following district training (checked).
- The Service, Training, Answers, Reliable Resources (STARR) Team will contact you and schedule the checked items indicated below within 60 days for individualized training needs. (STARR Team: 643-9055)
- No district training is required at this time.

<input type="checkbox"/> New Employee Orientation	<ul style="list-style-type: none"> • Human Resource Services (HRS) Front Counter: schedule appointment to attend upon return of paperwork, <u>OR</u> schedule appointments via phone (643) 7455 or (643) 7456.
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Employee: STARR Team Training: At the conclusion of each training session, trainer will sign and date this document. When all training has been completed, **employee is return this document to Site Administrator for signature.**

Administrative Services

<input type="checkbox"/> Accounting/Reimbursement/Blue Bear/Student Activity (School Fund Raisers) Trainer: Date:	<input type="checkbox"/> Petty Cash Reconciliation Trainer: Date:
<input type="checkbox"/> Contract Process Trainer: Date:	<input type="checkbox"/> Petty Cash Reimbursements/Policy Trainer: Date:
<input type="checkbox"/> Escape Process (Various) Trainer: Date:	<input type="checkbox"/> Procurement of Material and Equipment Trainer: Date:
<input type="checkbox"/> Just In-Time Orders/Payments Trainer: Date:	<input type="checkbox"/> Student Attendance Accounting Trainer: Date:
<input type="checkbox"/> Managing Outstanding Requisitions Trainer: Date:	<input type="checkbox"/> Time Sheet Reporting Trainer: Date:
<input type="checkbox"/> Monthly Absence Reporting Trainer: Date:	<input type="checkbox"/> Travel Reimbursement Policy Trainer: Date:
<input type="checkbox"/> Other: Trainer: Date:	<input type="checkbox"/> Worker's Compensation Processing Trainer: Date:

Capital Asset Management Services

<input type="checkbox"/> Custodial Training Trainer: Date:	<input type="checkbox"/> Work Order Process Trainer: Date:
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Human Resource Services

<input type="checkbox"/> Hiring Process and Practices Trainer: Date:	<input type="checkbox"/> SubFinder Trainer: Date:
<input type="checkbox"/> Per Diem Requisition Process Trainer: Date:	<input type="checkbox"/> Supervisor/Management Admin Boot Cmp • Contract Mgt • Performance Evaluation • SearchSoft • Sexual Harassment • Supervisor Training Trainer: Date:
<input type="checkbox"/> Position Requisition Process Trainer: Date:	<input type="checkbox"/> Vacancy Requisition Process Trainer: Date:
<input type="checkbox"/> School Office Manager Training Trainer: Date:	

Special Education

TBD

<input type="checkbox"/> Instructional Aide, Sp Ed Training Trainer: Date:	<input type="checkbox"/> Campus Monitor Training Trainer: Date:
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Technology Services

<input type="checkbox"/> Escape Process: Various Trainer: Date:	<input type="checkbox"/> Voice Mail Trainer: Date:
<input type="checkbox"/> Outlook/Email Trainer: Date:	<input type="checkbox"/> Zangle (Student Attendance) Trainer: Date:
<input type="checkbox"/> Reproduction Services (Central Printing) Trainer: Date:	<p><u>Site Administrator:</u> Sign and Return to HRS Analyst _____, Box 770.</p>

Site Administrator Name: _____

Location: _____

Site Administrator Signature: _____

Date: _____

Distribution: Original Document: Employee; Copy: STARR Team and HRS Analyst File
(Original Document Scanned Upon Completion)