



Training & Guidance

Employee Name _____ Employee Number _____

Position _____ School Name _____

FSM Name _____ AFSS Name _____

Method of Training (Check all that apply)

☐ Verbal Instructions Provided

☐ Supporting Documents Provided (specify): _____

| INITIALS | TRAINING PROVIDED | DATE |
|----------|--|-------|
| _____ | Meal Patterns/OVS | _____ |
| _____ | Production Worksheet | _____ |
| _____ | Recipe Production | _____ |
| _____ | Food Safety, HACCP & Sanitation | _____ |
| _____ | Point of Service/Counting and Claiming | _____ |
| _____ | CMS Procedures/ Cash Handling | _____ |
| _____ | Uniform Policy & Personal Hygiene | _____ |
| _____ | Communication/Customer Service | _____ |
| _____ | Safe Work Practices | _____ |
| _____ | Other _____ | _____ |
| _____ | Other _____ | _____ |
| _____ | Other _____ | _____ |
| _____ | Other _____ | _____ |
| _____ | Other _____ | _____ |

By signature below, I certify training, and guidance was provided on the topic(s) listed above.

Employee Signature _____ Date _____

AFSS/Manager Signature _____ Date _____