



## DEPARTMENTAL PERSONNEL REPRESENTATIVE ATTESTATION OF TRAINING COMPLETION

**Instructions:** This form must be returned to the Shared Services Analyst email group (HR-SSAP@miamidade.gov) within 5 days of course completion.

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_

Business Unit: \_\_\_\_\_

Training Name: \_\_\_\_\_

Training Date: \_\_\_\_\_ Training Time: \_\_\_\_\_

I understand that I play a critical role in the departmental HR business process and this training has been provided to assist me in being more knowledgeable, effective and efficient in the performance of my duties, as well as understand how to apply pertinent policies and procedures.

By signing below, I attest that:

- I personally attended the aforementioned training on the date and time indicated above for the full duration of the training/ course.
- I agree to abide by the principles and business processes that were explained in this training.
- I understand that if I have any questions about the training, materials presented or information not addressed in the training, or if I encounter any problems, it is my responsibility to seek clarification from related Human Resources area.
- The following members of my staff also attended (attach list if necessary).

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____
- I understand that this training has been recorded and is available for me and/or my staff to review.

DPR Signature: \_\_\_\_\_ Date: \_\_\_\_\_