



## TRAINING ACKNOWLEDGEMENT FORM

**Training Session:** FMLA/ADA/ADA Interactive Process Mandatory Training Video

*By signing this Acknowledgement, **I confirm that I watched the training class listed above in its entirety.** I listened, read, and understood the training material. I understand that as an employee, it is my responsibility to abide by the City of Little Rock's policies and procedures, in accordance with the training.*

*If I have questions about the training, materials presented or the City of Little Rock's policies and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department's Labor and Employee Relations Division via [HRLaborRelations@littlerock.gov](mailto:HRLaborRelations@littlerock.gov) or contact 501-371-4590.*

*I understand that a copy of this Acknowledgement Form will be maintained in my personnel file.*

**Print name** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

**Date** \_\_\_\_\_