



## DEPARTMENT OF FOOD & NUTRITION 2025 SUMMER TRAINING SIGN-IN

### CAFETERIA PERSONNEL

First & Last Name:

E-mail Address:

Employee ID #:

Cell Phone #:

Summer School Name:

Summer Work Location #:

### Certification Of Training Statement

The Cafeteria Manager and Alternate must be present for both breakfast and lunch meal services. The **Sign-in sheet must be submitted at the end of the training, otherwise, training will not be valid.** By signing below, you certify that you have completed the training for this year's 2025 summer food service program. You fully understand the guidelines & procedures required and agree to comply to the best of your ability.

Signature of Training Acknowledgement:

Today's Date:

For Department of Food & Nutrition Only:

Role:

Manager/Supervisor

☐

Assistant/Alternate

☐

Master List:

FANS:

**\*\*Initial and date in the empty spaces when information input has been complete\*\***