

CERTIFICATE

Of Completion

Sexual Harassment Prevention Messer, Claudetta

Date of Completion: July 23, 2024

Time of Completion:

I hereby certify that I have completed trainings requested by my district. I further certify that I am aware of my responsibilities as related to laws governing each of the covered topics and understand I can be subject to disciplinary action for non-compliance.

Name (print / signature)

Date

FALL-2024