



SUPERINTENDENT
DR. NIK BERGMAN

ASSISTANT SUPERINTENDENT
DAVID GARZA JR.

BOARD MEMBERS
CHRIS BAUMGARTNER | TRICIA LUBACH
JACK FOGLESONG | CHAD LOWER
HEATHER FOLKS-LAMBERT

PSE – SAFETY SCHOOL ONLINE TRAINING

I, _____, do hereby certify I have completed the required training
First Name, Last Name (Please Print)
courses assigned to my classification for the 2023/2024 school year.

I understand I will be paid for the training once all courses have been verified in Vector Solutions. Payment will be a premium paid at the equivalent amount of my current hourly rate times seven (7). Payment will be made on the next available remittance from receipt of this document’s completion.

Signature: _____

Position: _____

Work Location: _____

=====

FOR DISTRICT OFFICE USE ONLY

All required courses have been completed.

Confirmed by: _____

Date: _____