



SUPERINTENDENT
DR. NIK BERGMAN

ASSISTANT SUPERINTENDENT
DAVID GARZA JR.

BOARD MEMBERS
RITA KEENE | CHAD LOWER
SHANNON DURFEE | TRICIA LUBACH
DAYANA RUIZ

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 2024/2025 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: _____

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FOR DISTRICT OFFICE USE ONLY

All required courses have been completed.

Confirmed by: _____

Date: _____