



Baptist Health South Florida

Employee Name: _____

Entity: _____ Department: _____

Baptist Health

Department Supervisor, Manager, or Director's Approval for Participation

I am attesting the employee is not on corrective action and has been employed with Baptist Health for one (1) year in their current department. I am aware the employee will be attending the course while still completing their work schedule.

Supervisor/Manager/Director Name	Supervisor/Manager/Director Signature	Date