



Magneon Homes, Inc.

**Course Learning and In-Service Training**

Statement of completion for:

**CA 2-Hour Sexual Harassment in the Workplace for Supervisors**

I, \_\_\_\_\_ (print participant name) certify that I have completed the identified training.

\_\_\_\_\_ [Participant Signature]

Date: \_\_\_\_\_

\_\_\_\_\_ [Supervisor Signature]

Date: \_\_\_\_\_