

HR Department Representative Certificate Series

Name_____

Date _____

Employee ID_____

Email _____

Upon completing all required classes, complete this form and return it to the Office of Training & Organizational Development at training@fsu.edu.

COURSE CURRICULUM	Date Completed	Verified by Training Office
Attendance and Leave Policies and Procedures (COAL01 or COALO)		
Criminal History Check Process (COCHBO)		
eTime for Department Reps and Supervisors (BTTL01 or BTTL0)		
Family Medical Act of 1993 (COFML1 or COFMLO)		
Faculty Search Training (COFST1) <u>or</u> Staff Search Training (COSST1)		
Form I-9, Guardian and E-Verify (COI92)		
The Nole eRecruit Experience (BTREC1)		
Records - What to Keep and What to Throw Away (CORMT1)		
Stepping Through the Onboarding Portal(BTSMT1)		