

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Arkansas Enterprises for the Developmentally Disabled, Inc.  
2017 Annual Training  
Answer Sheet

*Return to the **Human Resources Department** by January 31, 2017.*

- 1. \_\_\_\_\_
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I acknowledge that I have received and read the DDS Training Manual (2007 revision). I understand that if I have any questions, I am encouraged to contact my supervisor to discuss.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_