

## Post Session Activity Report Level I

In order to receive credit for this course, the following form must be completed, a meeting held with your immediate supervisor to go over this information, and this signed form returned to the address at the bottom of the page within 1 week of the completion of this course. This report should be 2 paragraphs or more.

What have I learned during this course that I will apply back on my job? Use additional sheets, as necessary.

## Participant Signature:

The employee whose name appears above has met with me and discussed applying the learnings from this course as they relate to the items listed above. Any necessary modification of the employee's plan has been noted, and I pledge to support him/her in these applications.

Supervisor's Signature:		Date:
Keep a copy of this page	for your records and return one copy within 1 v	week to:



Fax: 601-488-2903 Dionne.young@mspb.ms.gov