



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 2 weeks of the completion of this course.

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

Participant Name: _____

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 2 weeks to:



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