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Employee Name	Rater	Employee Title	Title	Employee ...
Rater: I Met With The Employee And Discussed This Performance Plan. Rater's Signature (Signs First, Immediately After Discussing Plan With Employee)				
Performance Plan Section 5: Signatures				
Employee: I Was Given The Opportunity To Discuss The Content Of This Performance Plan With My Rater. I Understand That I Will Receive An Appraisal At The End Of This Appraisal Cycle.				

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VERIFICATION RECORD OF INITIAL EMPLOYEE TRAINING
Certified Operator In Charge/Approved Designee Date
Employee Signature Date . ID Card Number Of Signer . FDACS-13665 Rev. 05/08.
Title: Florida Department Of Agricultur
16th, 2024.
Employee Fall Protection Training Record [OSHA 29 CFR 1926.32(f)]; And Qualified To Train Employees In All Aspects Of Fall Protection Covered In OSHA Subpart M [29 CFR 1926.503 (Subpart M)]. Page 2 Of 2
Warning Access Zones And Safety Monitors: For Leading Edge Work [29 CFR 1926.501(b)(2)] And Precast Concrete [29

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2007. The Name Of Any Company By Which The Person Is Employed To Provide
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