

LETTERHEAD

Month XX, 20XX

MEMORANDUM

To: Mr. Ryan Dufrain, Assistant Superintendent
Human Resources Services

From: First name Last name of Employee

Employee #

Name of School

Re: Training for Child Care Programs (Coordinator-BAS)

I understand that I must complete the required training for child care programs within 90 days of my appointment as a Coordinator – Brevard After School (BAS): which includes the completion of the DCF 12 hour course Achieving and Maintaining Quality in Afterschool Programs (AMAP) and the completion of the School Age Certification (BAS: Level I, II and III-72 hours online).

I also understand that my failure to complete the training within the prescribed time limits will result in my termination as a Coordinator – Brevard After School.

Signature of Employee _____ Date _____