



Food Services Department  
235 Sunset Avenue  
P.O. Box 1767  
Wenatchee, WA 98807-1767

## **Statement of Understanding**

**Employee/Substitute Name**

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I have read the Food Service Orientation Handbook, have attended the orientation class and understand the material covered in the training.

**Employee/Substitute Signature:** \_\_\_\_\_

**Trainer's Signature:** \_\_\_\_\_

**Date of Orientation:** \_\_\_\_\_