Responsible Gambling Program

Self-Exclusion & Self-Restriction Employee Training

Cardroom: _____

Date:_____ **Length of Training:_____**

Training Instructor (print):_____ **(signature): _____**

Licensee/Key Employee (print):_____ **(signature): _____**

New Employee Orientation ☐ **Annual Training** ☐ **Time/Shift:_____**

Employee Name		Title/Work Area	Date
Please Print	Signature		

CC: Employee Personnel File