



**Employee Training Sign-Off Sheet**

***I have read and understand the LFHI Anti-Money Laundering Policy and Procedure.***

**Employee Name:** \_\_\_\_\_ **Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Store Name:** \_\_\_\_\_

**Store Address:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_