

SNAP EBT TRAINING

Materials Reviewed.

1. Training Guide for Retailers
2. Informational Video for Cashiers

Employee Name: _____

Date of Employment: _____ / _____ / _____

Date of Initial Training: _____ / _____ / _____

Date of Refresher Training: _____ / _____ / _____

I, _____ attest that I have reviewed the “Training Guide for Retailers” and watched the “Informational Video for Cashiers”, and I have an understanding of my responsibility in accepting the Supplemental Nutrition Assistance Program (SNAP) at Graham C-Stores Co Locations.

Employee Signature: _____

Managers Name: _____

Managers Signature: _____

Date Signed: _____ / _____ / _____