
DATE: 02/09/2026
TO: COUNCIL - REGULAR CITY COUNCIL MEETING
SUBJECT: TRAINING REVIEW AND ACKNOWLEDGEMENT FORMS

Police:

Emp: James Alderete
Training Title: Gracie Survival Tactics Level 2
Date: January 26, 2026 – January 30, 2026

Human Recourses

Emp: Rachel Garza
Training Title: Managing Employee Leave
Date: January 7, 2026

Emp: Rachel Garza
Training Title: Successful Customer Service Interactions
Date: February 2, 2026

Utility Billing

Emp: Cindy Amejorado
Training Title: Safey Council – Customer Service Training
Date: October 22, 2025

Emp: Tracie Durrance
Training Title: Safey Council – Customer Service Training
Date: October 22, 2025



CITY OF PORT LAVACA

TRAINING REVIEW & ACKNOWLEDGEMENT FORM

This form must be completed and submitted to your supervisor within 3 working days of returning from any training or conference that was paid for by the City.

EMPLOYEE NUMBER: 2010 EMPLOYEE NAME: JAMES ALDERETE

DEPARTMENT: Police TRAINING / CONFERENCE DATE(S): 1/26/2026-1/30/2026

TRAINING/ CONFERENCE TITLE: Gracie Survival Tactics Level 2

LOCATION: Corpus Christi Texas

1. Purpose of Training/ Conference

(Briefly explain the reason for attending and what the training was intended to accomplish)

To update level 1 certification and complete level 2 certification to teach Gracie Survival Tactics Level 1 and level 2.

2. Summary of Activities or Topics Covered

(What sessions, classes, or workshops did you attend?)

Gracie Survival Tactics Level 2

3. Key Takeaways or Skills Learned

(What did you learn or gain from this experience?)

Learned defensive tactics to increase officer safety and survivability while dealing with physically noncompliant subjects. Gained certifications required to teach officers Gracie Survival Tactics Level 1 and level 2.

EMPLOYEE SIGNATURE: JAMES ALDERETE

DATE: 02/02/2026

DEPARTMENT HEAD SIGNATURE: _____

DATE: FEB 02 2026

HR SIGNATURE: [Signature]

DATE: _____

CITY OF PORT LAVACA
CITY MANAGER



CITY OF PORT LAVACA

TRAINING REVIEW & ACKNOWLEDGEMENT FORM

This form must be completed and submitted to your supervisor within 3 working days of returning from any training or conference that was paid for by the City.

EMPLOYEE NUMBER: 1135 EMPLOYEE NAME: RACHEL GARZA

DEPARTMENT: Human Resources TRAINING / CONFERENCE DATE(S): 01/07/2026

TRAINING/ CONFERENCE TITLE: Managing Employee Leave

LOCATION: SHRM - Webinar

1. Purpose of Training/ Conference

(Briefly explain the reason for attending and what the training was intended to accomplish)

Managing Employee Leave impacts employee well-being, job security, any hardship on the department.
Learn how to determine what qualifies an employee to take leave.
Learn how to strengthen internal documentation.

2. Summary of Activities or Topics Covered

(What sessions, classes, or workshops did you attend?)

How to evaluate, and manage leave and accommodation obligations.
Best practices for managing intermittent leave and long-term medical absences.
Documentation: Who, What, When, Where: Date, time, location, attendees (names/titles), and the specific topic.
FMLA Leave refresher course.

3. Key Takeaways or Skills Learned

(What did you learn or gain from this experience?)

Ensure policy address' guidelines for each individual type of leave.
Ensure policies are easily understood and easily accessible to all employees.
• Encourage employees to submit early requests for extended leaves (maternity, serious illness conditions) and schedule check-ins for return-to-work.
• Sync employees leave with payroll to prevent errors.
• Document Everything, Keep detailed, confidential records of all leave requests, approvals and or denials.
• Refresher course on FMLA / Qualifications, FMLA Forms and return to work status report.

EMPLOYEE SIGNATURE: RACHEL GARZA

DATE: 01/07/2026

DEPARTMENT HEAD SIGNATURE: _____

DATE: _____

HR SIGNATURE: _____

DATE: _____

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CITY MANAGER

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JAN 07 2026



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TRAINING REVIEW & ACKNOWLEDGEMENT FORM

This form must be completed and submitted to your supervisor within 3 working days of returning from any training or conference that was paid for by the City.

EMPLOYEE NUMBER: 1135 EMPLOYEE NAME: RACHEL GARZA

DEPARTMENT: Human Resources TRAINING / CONFERENCE DATE(S): 02/02/2026

TRAINING/ CONFERENCE TITLE: Successful Customer Service Interactions

LOCATION: TML - IRP Web Training.

1. Purpose of Training/ Conference

(Briefly explain the reason for attending and what the training was intended to accomplish)

- Understand Customer's and Employee's Needs
- Improve Communication skills
- Learn how to handling difficult situations
- Building positive relationships

2. Summary of Activities or Topics Covered

(What sessions, classes, or workshops did you attend?)

- Accessibility - Customer / Employees need to be able to reach you for assistance or support.
- Communication Skills & Listening Skills
- Approachability - Have a welcoming nature
- Critical Skills to problem solve
- Positive and Negative intent
- Understanding Customers
- Feedback.

3. Key Takeaways or Skills Learned

(What did you learn or gain from this experience?)

- Learning how to read and Understand the customer's and/or employee's goal to solving their problem / complaint.
- Positive Intent - Give customer / employees the benefit of making them comfortable and the feeling of being heard - No judging.
- Use active listening, empathy and polite language.
- Customers perception affect the public - A good reputation is inviting to customers / employees.
- Social Media can impact your business - positively and negatively
- Customer / Employees who have a healthy work environment will have a more buy-in in to their work performance or for a customer returning to your business.
- How positive feedback can improve customer and employee morale.

EMPLOYEE SIGNATURE: RACHEL GARZA

DATE: 02/03/2026

DEPARTMENT HEAD SIGNATURE: _____

DATE: **RECEIVED**

HR SIGNATURE: [Signature]

DATE: **FEB 03 2026**

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CITY MANAGER



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TRAINING REVIEW & ACKNOWLEDGEMENT FORM

This form must be completed and submitted to your supervisor within 3 working days of returning from any training or conference that was paid for by the City.

EMPLOYEE NUMBER: 4710 EMPLOYEE NAME: CINDY AMEJORADO

DEPARTMENT: Utility Billing TRAINING / CONFERENCE DATE(S): 10/22/25

TRAINING/ CONFERENCE TITLE: Customer Service Training

LOCATION: Safety Council

1. Purpose of Training/ Conference

(Briefly explain the reason for attending and what the training was intended to accomplish)

The purpose of the training is to show us the perspective on Customer Service, how to communicate with our customers in different stages of interactions. The training is to help us be professional and educated when facing challenging customers issues,

2. Summary of Activities or Topics Covered

(What sessions, classes, or workshops did you attend?)

Customer Service Training provided by Health and Safety Council

3. Key Takeaways or Skills Learned

(What did you learn or gain from this experience?)

The experience has given me extra ways to better my interactions with customers whether in person or on the phone. How to keep a level head, defuse the situation, and how to take care of a customer's needs. Majority of the time we are the first ones to speak with a customer, so it matters how we respond to any and all issues.

EMPLOYEE SIGNATURE: CINDY AMEJORADO

DATE: 01/30/2026

DEPARTMENT HEAD SIGNATURE: CINDY AMEJORADO

DATE: 01/30/2026

HR SIGNATURE: CINDY AMEJORADO

DATE: 01/30/2026
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JAN 30 2026



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TRAINING REVIEW & ACKNOWLEDGEMENT FORM

This form must be completed and submitted to your supervisor within 3 working days of returning from any training or conference that was paid for by the City.

EMPLOYEE NUMBER: 4712 EMPLOYEE NAME: TRACIE DURRANCE

DEPARTMENT: Utility Billing TRAINING / CONFERENCE DATE(S): 10/22/2025

TRAINING/ CONFERENCE TITLE: customer service training

LOCATION: SAFETY COUNCIL BUILDING

1. Purpose of Training/ Conference

(Briefly explain the reason for attending and what the training was intended to accomplish)

They showed us several situations with customers and how to manage.
Angry Customers, problem solving skills, provide clear information in writing, and by phone.
there were mainly conversations and tests about the Meter Technicians and their jobs.
Plus Retail Customer Services: Walmart, HEB, Krogers, ETC.....
We had 1 set that was applied to us as Water Dept. Customer Services.
High Charges, Looking through customer eyes and how they view us.

2. Summary of Activities or Topics Covered

(What sessions, classes, or workshops did you attend?)

There was only 1 Computer Class with about 20 tests after each subject and then 1 major test at the end of the program.
This was done and created by The Health and Safety Council.

3. Key Takeaways or Skills Learned

(What did you learn or gain from this experience?)

I learned how to handle certain situations, and when to call a manager in.

When A CUSTOMER IS UPSET THEY WILL TRY TO ARGUE OR MAKE WAVES WHEN THINGS CHANGE.(PRICES,OR RATES)
If we as Customer Service Reps keep things calm and easy then customers will be more susceptible to change.
This is a goal to be able to help customers.

EMPLOYEE SIGNATURE: TRACIE DURRANCE

DATE: 01/30/2026

DEPARTMENT HEAD SIGNATURE: _____

DATE: _____

HR SIGNATURE: _____

DATE: _____

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CITY MANAGER

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JAN 30 2026