

**ACTIVITY CODE (20)
CMAA/TCM IMPLEMENTATION TRAINING**

Claiming Unit:	Submittal Date:
Local Governmental Agency:	Amended Date:

Provide the following information:

1. List the type(s) of training to be provided and/or attended:

All staff will attend annual MAA time survey training, and more frequently if necessary.

2. If applicable, provide the location(s) the training will be provided and/or attended:

Time survey training will take place at claiming unit offices and other possible sites within the county.

3. Indicate whether the training is or will be CMAA/TCM Program specific or integrated with other training information and who will provide the training:

Any time coded to this activity will be specifically for the MAA program. Training will be provided by the LGA Coordinator or their fully trained designee.

Documents Required:

1. Attach copies of any training brochures, materials, or itineraries.