Employee Training Documentation Form

Training Date and Time: ______________________________ Building and Room: __________________

Training Topic: __________________________________________

Trainer and/or training media used: __________________________________________

Content or Outline of Topics Covered: __________________________________________

I/we, the undersigned, acknowledge receipt of the above training, have had the opportunity to discuss the training and ask questions, and understand where to find additional information, should the need arise.

Attendees:
Print Name  Signature

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