|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | |  | | | | | | | | | | |
| Employee Position / Title: | | | | | |  | | | | | | |
| Start Date of Training: | | | |  | | | | | Trainer / Training Organization: | |  | |
| Subject of Training: | | |  | | | | | | | | | |
| Detailed description of Training (optional): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Type: | Individual | | | | Group | | | Institution or Training Organization | | | | On The Job |
| Other: | | | | | | | | | | | |
| Completion Date of Training: | | | | | |  | | | | | | |
| Result of Employee’s Training: | | | | | | | Satisfactory Attendance / Completion | | | | | |
| Certification Obtained (indicate below) | | | | | |
| Non-Satisfactory Result or Incomplete Attendance | | | | | |
| Certificates / Credentials Obtained (if applicable): | | | | | | | | | |  | | |
| If non-satisfactory result or incomplete attendance was checked, indicate correction plan: | | | | | | | | | | | | |
| Employee must re-take training  Employee must take alternate training  ***CAR*** initiated, CAR# filed:  Other action: | | | | | | | | | | | | |
| Notes: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |