|  |  |
| --- | --- |
| 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: |
|       |