



Employee Specialized Training Record

Employee Name : _____ Title/Position: _____

Course of Training Description: _____
Date(s) of Course of Training: _____
Location of Course or Training: _____
Instructor: _____
Length of Course or Training: _____

Employee Received Upon Completion: (Please check that which applies best)

Certificate (see attached copy) Course Credit(s) Quantity of: _____ Award/Plaque
 Nothing Received Other: _____

Employee Signature: _____

Course of Training Description: _____
Date(s) of Course of Training: _____
Location of Course or Training: _____
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Employee Signature: _____