



## Training Verification Form

Employee Name:			
Date of Training:		Location:	
Trainer:			
Description of Training:			
Training Completed: <input type="checkbox"/>	Date Completed:		
Comments:			
Description of Training:			
Training Completed: <input type="checkbox"/>	Date Completed:		
Comments:			
Description of Training:			
Training Completed: <input type="checkbox"/>	Date Completed:		
Comments:			
Description of Training:			
Training Completed: <input type="checkbox"/>	Date Completed:		
Comments:			

Signature of Employee: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_

This form is to be kept on file in the Employee's Personnel File at the Administration Office. All completed forms should be forwarded to the Admin. Office as soon as completed.