

Organizational Learning Attendance Document

Session Title

Date

Facilitator

Location

Duration

Attendance Record

| No. | Name | Department | Employee ID | Signature | Time In | Time Out |
|-----|------|------------|-------------|-----------|---------|----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Prepared By

Date