

Employee Training Participation Record

Employee Name

Employee ID

Department

Position

Manager/Supervisor

Training Sessions Attended

Date	Training Title	Provider/Instructor	Duration	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	e.g. 2 hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

Employee Signature

Date