Hospitality Employee Compliance Training Attendance Register

Training Title: Enter training name   **Date:** YYYY-MM-DD   **Location:**

Enter location   **Trainer:** Enter trainer name

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

Trainer's Signature: _____