

POS System Training Attendance Sheet

Restaurant Staff

Date: _____

Trainer Name: _____

Location: _____

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

Note: Please ensure all information is completed and all attendees sign after training session.

Trainer's Signature: _____