

# Food and Beverage Service Training Attendance Log

Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trainer: \_\_\_\_\_  
Duration: \_\_\_\_\_

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

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Supervisor's Signature