

# Hotel IT Security Awareness Training Attendance Sheet

Training Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

Department: \_\_\_\_\_

No.	Employee Name	Position	Employee ID	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Notes:**

- Each participant must sign next to their name after attending the training.
- Return the completed form to the IT Department.