

## Training Record Form

No. :

Training Subjects			
Training Objectives			
Evaluation Methods	<input type="checkbox"/> Written Examinations <input type="checkbox"/> Job Practice Evaluation	<input type="checkbox"/> Oral Q&A <input type="checkbox"/> Others :	
Time of Training		Duration	
Lecturer		Place of Training	

### Sign-in Detail

Employee No.	Name	Department	Employee No. _____ Name _____ Department _____

Assessment Conclusion :

\_\_\_\_\_ participants attended in this training; \_\_\_\_\_ participants passed the evaluation assessment.

Recorded by/Date :

# **Employee Training Record**

## **List each Document Separately**