

Town of Ellington Employee Training Record



EMPLOYEE NAME:	TITLE: Training Record
DEPARTMENT:	EFFECTIVE DATE:

Training Scope: (i.e. task/job description, procedure name and revision, etc.)

This is to certify that _____ has completed the training for the above mentioned scope.

Trainee Signature: _____ Date: _____

TO BE FILLED OUT BY THE TRAINER

Based on the following method, I determined the training to be effective.

- Verbal or Written Test (attach to this form or write in the comment section below the questions asked)
- Observation, problem exercise and Q & A during the training
- Demonstration of the task: I certify that the above trainee had successfully demonstrated his/her competency on the above training scope.
- Self-study (No trainer sign-off required)

Trainer Name: _____ Trainer Signature: _____ Date: _____

COMMENT SECTION

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