



Employee Training Log

Employee Name: _____

Office Location: _____

Type of Training or Course Description	Key Topics Reviewed	Goals we set	Improvement

This is to certify that _____ has completed the training Course _____
 (Employee Name) (Course Title)

and has understood the contents of the course, as required. This Training, was administered/conducted by

_____ and was completed on _____.
 (Course Instructor) (Date)

 (Signature of Employee)

 (Date)

 (Signature of Instructor)

 (Date)