

# Documentation of Training Participation

*Please Print Clearly*

Date of Attendance: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_

Name of Training Module: \_\_\_\_\_

Training Code (if applicable): \_\_\_\_\_

*I confirm that I attended the training session listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by company policy, procedures and guidelines, in accordance with the training.*

*If I have questions about the training, materials presented or policy and procedures of my employer, I understand it is my responsibility to seek clarification from the Human Resources Department.*

Employee Signature: \_\_\_\_\_ 

Signature Date: \_\_\_\_\_