FILLABLE FORM

CUMULATIVE RECORD OF TRAINING

(TO BE FILED IN EMPLOYEE'S PERSONNEL FOLDER)

1. EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)	2. JOB TITLE:	3. ACTIVITY:

TITLE OF COURSE OR PROGRAM	HOURS OF TRAINING	DATE COMPLETED	INSTRUCTOR OR OJT	SUPERVISOR'S SIGNATURE

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PRIVACY SENSITIVE

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