Employee Training Log
For Internal Training Documentation Purposes

Employee Name: _____

Job Title: _____

Department / Location: _____

Supervisor: _____

Date	Title/Topic	Category	Delivery Method	Hrs.	Trainer/Provider	Emp. Initials	Supervisor Initials

Training Category (for internal reference)
- Orientation/Onboarding
- Professional Standards & Ethics
- Role-Specific Skills
- Safety & Risk Management
- Leadership Development
- Continuing Professional Development

Delivery Method (examples)
- In-House Training
- Online/LMS (Learning Management System)
- Job Shadowing
- Workshop/Seminar
- Staff Meeting

Certification of Completion

I acknowledge that the training activities recorded above were completed as indicated and that I am responsible for applying the training principles to my professional duties.

Employee Signature: _____ **Date:** _____

I certify that the above training was completed or verified in accordance with internal training requirements.

Supervisor / Manager Signature: _____ **Date:**_____

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