



Department:	Date:
Instructor(s):	Location:
Training Topic(s):	Time: From _____ to _____

We are legally required to maintain records regarding our trainings. Please assist us by providing the information indicated below to document your attendance.

Name (Legibly print your legal name)	Department / Location	Official Payroll Title	Signature
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Note: Please attach a copy of the agenda and training to this document for file.

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