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| --- | --- |
| Employee Name: |       |
| Employee Position / Title: |       |
| Date of Training: |       | Trainer / Training Organization: |       |
| Subject of Training: |       |
| Description of Training (optional):  |
|       |
| Result of Employee’s Training: | [ ]  Satisfactory Attendance / Completion |
| [ ]  Certification Obtained (indicate below) |
| [ ]  Non-Satisfactory Result or Incomplete Attendance |
| Certificates / Credentials Obtained (if applicable): |       |
| If non-satisfactory result or incomplete attendance was checked, indicate correction plan: |
| [ ]  Employee must re-take training [ ]  Employee must take alternate training[ ]  [CAR Form Abbreviation] initiated, [CAR Form Abbreviation]# filed:       [ ]  Other action:       |
| Notes: |
|       |