

Manager Verification of Training Attendance

Employee Name:

Employee ID:

Department:

Position Title:

Training Title:

Training Provider:

Training Date(s):

Location (if applicable):

Attendance Confirmation:

I hereby confirm that the above-named employee has attended and completed the mentioned training.

Manager Name & Signature

Date

Important Notes:

- This document must be completed and signed by the direct manager or supervisor.
- Attach any supporting documentation, such as a training certificate, if available.
- Submission of false or misleading information may result in disciplinary action.
- For internal record-keeping; retain as per company policy.