

Employee Compliance Training Record

Employee Name: _____
Department: _____
Employee ID: _____
Job Title: _____
Date of Hire: _____

Compliance Training Completion Record

Training Course	Date Completed	Trainer / Provider	Employee Initials

Employee Signature: _____
Date: _____
Supervisor Signature: _____
Date: _____

Important Notes:

- This document should be securely stored as part of the employee's personnel records.
- Update the record promptly each time a new training is completed.
- Signatures are required as proof of training completion and verification.
- Retention of training records may be required by law or company policy.
- Review and audit training records regularly for compliance with regulations.