Monthly Training Report

Please complete this form and return to Bolton 229F on the last day of the month.

For the month of (month and year): _____

Department Name: _____

Name of Supervisor Completing Report: _____

Training Completed

Departmental Training Only: Please affix sign-up sheet to the back of this report

Class	Date
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

One-On-One Employee Training

Employee Name	Login	Skill Name	Date
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___