**Training/Retraining Form**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Training/Retraining:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Training/Retraining:**

**Topics Covered:** (Please check all that apply and provide additional details where necessary)

**Trainer Notes/Additional Comments:**

**Employee Acknowledgment:**

I acknowledge that I have received training/retraining on the topics listed above. I understand the content and agree to implement these practices in my daily work. If I have questions or need further clarification, I will seek guidance from my supervisor or trainer.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_