[COMPANY NAME]

Employee Training Log

Employee Name: _____ Hire Date: _____

Position Title: _____ Department: _____

Date of Training	# of Hours	Training Topic	Type of Training	Training Offered By	Training Location	Employee Signature of Completion	Manager Initials

*CERTIFICATE/COPIES VERIFYING ABOVE TRAININGS MUST BE ATTACHED.

Training Requirements

Staff/Management Topic	Duration (i.e. 1 Hour)	Frequency (i.e. Every 1 year, 2 years, etc.)
Anti-Discrimination		
Communication		
Computer Software (Microsoft Office)		
Conflict Resolution		
CPR		
Customer Service		
Diversity		
Ethics		
First Aid		
Harassment		
HIPAA		
Natural Disasters (earthquake, fire, flooding)		
On-The-Job training (position specific)		
Safety (OSHA, chemicals, hazards)		
Sexual Harassment (management/non-management level)		
Stress Management		
Substance Abuse (alcohol, drugs)		
Other: _____		
Other:_____		

The HR-related content of this form was originally produced by The HR Support Center, a strategic resource partner of MidwestHR

Legal Disclaimer: The Employee Training Log is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes, and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.