# Department-Specific Training Checklist

Department

Enter department name

Employee Name

Enter employee name

Position/Title

Enter position/title

Start Date

## Training Checklist

| Training Task | Description | Completed (âœ"/âœ–) | Date Completed | Trainer Initials |
|---|---|---|---|---|
| Task name | Task description | | | Initials |
| Task name | Task description | | | Initials |
| Task name | Task description | | | Initials |

Checklist Reviewed By

Enter reviewer name

Date of Review