

Employee Compliance Training Checklist

Employee Name:

Department:

Job Title:

Manager/Supervisor:

Training Period:

Compliance Training Modules

Training Module	Required	Date Completed	Trainer/Assessor	Notes
Code of Conduct	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workplace Safety	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Privacy & Security	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Harassment Prevention	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anti-Bribery & Corruption	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments:

Employee Signature:

Date:

Manager/Supervisor Signature:

Date: