

Job-Specific Training Checklist

Employee Name

Job Title

Department

Training Supervisor

Date Started

Training Checklist

Training Topic / Task	Date Completed	Trainer Initials	Employee Initials	Comments
<input type="text" value="e.g., Safety Procedure"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional Notes

Employee Signature

Trainer / Supervisor Signature

Date