



Outside Training Record

PURPOSE

To document training for individuals who attend training sessions, seminars, workshops, teleconferences, conferences, etc. outside the City of Johnson City training organization.

Information Needed:

Employee's Name: _____

Employee's Payroll ID# (last 4): _____

Employee's Department: _____

Date(s) Session Attended: _____

Title of Session: _____

Location of Training: _____

Training Organization: _____

Name of Trainer: _____

Length of Session in HOURS: _____

Did this training obtain or renew any license or certificate related to your job?

___ YES ___ NO

If yes, please explain: _____

Brief description of training: _____

(Attach flyer or brochure would be helpful)

Make a copy for your records. Turn in form to personnel designated to track training for your department.