

R.S.D., INC
EMPLOYEE TRAINING SUMMARY REPORT

IN ORDER TO RECEIVE CREDIT FOR TRIANING, YOU MUST COMPLETE THIS FOLLOWING AND PROVIDE A SUMMARY OF THE TRAINING YOU RECIEVED. RETURN COMPLETED FORM TO THE CENTRAL OFFICE FOR YOUR PERSONNEL FILE.

EMPLOYEE NAME:

PROGRAM:

TRAINING RECEIVED:
TITLE OF SEMINAR/WORKSHOP

PROVIDED BY:

DATE(S) ATTENDED:

PLEASE PROVIDE A BRIEF SUMMARY OF THE TRAINING YOU RECEIVED:

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE