

# Initial Training Plan

Format No.:

EMPLOYEES NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Required Training

When will training take place?

Perform Training By:	
Achievement	
1.	
2.	
3.	
4.	
5.	
Signature of Faculty	Signature of Employee
Date of Verified:	
Signature of Supervisor	