

TRAINING TRANSFER CHECKLIST

HUMAN RESOURCES FORMATS

Format No. _____ Rev. No. _____ Rev. Date. _____

Name of Employee	Designation	Date of Training	Effectiveness checking Date
Training Subject / Activity		Cost of Training	
Objective of Training:			
Improvement Points:			
Training Activity:			
Trainer Comment:			
Training Transfer / Deliver in job tasks			
How Training Activities are support in job?			
How Training Deliver?			
Employee Signature		Human Resources - Executive	