## On-the-Job Training Record



By entering your information you acknowledge that you were present for, attentive to, and participated as necessary in the provided training. Documents of completion (e.g. completed tests or printouts of completion statements) should accompany this document where applicable. While this form is not mandatory, training documents are required to be maintained by the supervisor. Some standards explicitly require a printed (paper) record for compliance, and some may require hours trained.

Name:Department:							
Supervisor:							
Role/Position: ☐ Undergrad. ☐ Graduate Student ☐ Staff ☐ Faculty ☐ Other							
Date	Hours				Trainee Signature		
	(if applicable) (May include mode of training e.g. Web-module, review of PI		ning e.g. Web-module, review of PDF o	r Printed Document)	Superviso	Supervisor Signature	