TRAINING NEEDS ASSESSMENT

☐ **Annual** ☐ **Job Change**

DATE OF ASSESSMENT: _____

EMPLOYEE NAME: _____

CURRENT POSITION: _____

Training Needed	Projected Completion Date	Date Completed
OJT Needed		

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

NOTE: *Please complete Training Evaluation/Effectiveness upon completion of any training*

Distribution: Employee, Training Folder