**UPSHUR HUMAN RESOURCES INC.**

**TRACKING FORM FOR TRAININGS**

**PROFESSIONAL DEVELOPMENT**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE:** | **NAME OF TRAINING:** | **TRAINER:** | **# OF HOURS:** | **VERIFYING SIGNATURE:** |
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| Copy to Education/Pre-k Collaboration Coordinator  Original to Executive Secretary for Personnel File | | TOTAL # OF HOURS: |  |  |

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(Employee Signature- Verifies true and accurate records of training) (Date submitted for personnel file)

REVISED 0612