

# TRAINING COMPLETED

Employee Name: \_\_\_\_\_  
(OR ATTACH LIST OF ATTENDEES)

Date of Training: \_\_\_\_\_

Topic: \_\_\_\_\_

Who Trained You: \_\_\_\_\_

Time Began: \_\_\_\_\_ Time End: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Training includes, but is not limited to:

- |   |  |
|---|--|
| <input type="checkbox"/> Ace Learning Place           | <input type="checkbox"/> Any course that has associated CEU (Continuing Education Units) |
| <input type="checkbox"/> E-learning                   | <input type="checkbox"/> Store meetings  |
| <input type="checkbox"/> Webinars                     | <input type="checkbox"/> Department meetings   |
| <input type="checkbox"/> Ace Workshops                | <input type="checkbox"/> Manager meetings  |
| <input type="checkbox"/> Paint Workshops              | <input type="checkbox"/> Vendor visits   |
| <input type="checkbox"/> Professional Retail Services | <input type="checkbox"/> Peer to Peer  |
| <input type="checkbox"/> Convention Training          |  |

*Return to [vrowley@hurststores.com](mailto:vrowley@hurststores.com)*

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