

# Retail Department Cross-Training Completion Form

Employee Name

Employee ID

Department

Trainer Name

Training Completion Date

Cross-Training Areas

Area	Date Completed	Trainer Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Employee Signature

Trainer Signature

Manager Signature

Date

Date

Date