Retail POS System Training Completion Form

Employee Name
Employee ID
Donartment / Store
Department / Store
Trainer Name
Training Details
Training Date
Training Duration (hours)
Topics Covered
Topics Govered
Remarks / Notes
Confirmation
Confirmation
I confirm that I have completed the Retail POS System Training.
Employee Signature
Dete
Date
Trainer Signature
Trainer eignature
Date