



### Employee Internal Training Completion Documentation

Employee Name: \_\_\_\_\_

Employee ID# \_\_\_\_\_

Date of training: \_\_\_\_\_

AIS Module:

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Account Payable | <input type="checkbox"/> Admin View | <input type="checkbox"/> Advisor    |
| <input type="checkbox"/> AR              | <input type="checkbox"/> Authoriz   | <input type="checkbox"/> Budget     |
| <input type="checkbox"/> CRS MGMT        | <input type="checkbox"/> FinAID     | <input type="checkbox"/> GL         |
| <input type="checkbox"/> Placement Test  | <input type="checkbox"/> RAPs       | <input type="checkbox"/> Ship & Rec |
| <input type="checkbox"/> Std Mgmt        |                                     |                                     |

- Other Internal Training:
- |   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Degree Audit   | <input type="checkbox"/> FERPA  | <input type="checkbox"/> MS Outlook |
| <input type="checkbox"/> Phone Training | <input type="checkbox"/> Travel |                                     |

\_\_\_\_\_  
Employee signature Date

\_\_\_\_\_  
Trainer or Supervisor signature Date

Distribution of this form: Original to HR, Copy to Employee, copy to Employee's Supervisor