**MCLS Staff Training Opportunity Report**

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| **Staff Name:** | **Position: Branch:** |
| **Training Title:** | **Training Date(s) and Time(s):** |
| **Sponsoring Agency:** | **Location:** |
| **Presenters:** | **Format:*** **Conference/Workshop**
* **Online Course**
* **Webinar**
 |
| **Did you receive training materials?** **YES NO** | **Would you recommend this training to others? YES NO** |

**Brief description of training:**

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**What did you learn and how will you use this in the workplace? Be specific.**

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**Please submit completed form along with copy of agenda to immediate supervisor.**