

MCLS Staff Training Opportunity Report

Staff Name:

Branch:

Training Title:

Position:

Sponsoring Agency:

Location:

Presenters:

Training Date(s) and Time(s):

Did You Receive Training Materials?

Yes

No

Format:

Conference/Workshop

Would You Recommend This To Others?

Yes

No

Online Course

Webinar

Brief Description of Training:

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

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