KURNIA EKUITI SDN. BHD.

EMPLOYEE TRAINING & EVALUATION RECORD

Name: _____

Date of Joined/ Service Since: _____

Department: _____

Position: _____

Education Background: ☐ **Primary** ☐ **Secondary** ☐ **College** ☐ **University**

Other Academy Qualification: _____

Skill: _____

Work Experience: _____

Note: Any transfer of department, issue a new employee training record and attach with this previous employee training record

Date	**Training Description**	**Name of Trainer**	**Duration**	**Training Effectiveness Evaluation**			
				Grade	**Comment**	**Date**	**Reviewed By**

Evaluation Rating:

- A: Good – Performance exceeds the expectation.
- B: Fair – Performance meets the expectation.
- C: Poor – Performance fail to meet the expectation, need additional training.

Grade/ Comment:
To be filled by respective HOD or Trainer within 3 months after training delivered.