CUMBERLAND COUNTY GOVERNMENT
HUMAN RESOURCES-TRAINING ATTENDANCE FORM

Title of Training Course:			
Date of Training: (DD MMM YYYY)		**Duration (total teaching hours)**	
Name of Trainer :	**Trainer Title:**	**Trainer's County Department or Institute:**	

List of Attendees **LAST NAME (Print)**	**FIRST NAME (Print)**	**TITLE**	**SIGNATURE**