

Training Agreement Form for Employees

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Position: _____
- Email: _____

Training Program Details

- Training Title: _____
- Training Provider: _____
- Training Start Date: _____
- Training End Date: _____
- Location: _____

Agreement Terms

I, the undersigned, agree to participate in the above-mentioned training program and commit to applying the skills learned to my job role. I understand that if I leave the company within 6 months of completing the training, I may be required to reimburse the training cost.

Checkbox

- I agree to the terms and conditions outlined above.
- I have read and understood the company's training policy.

Signature: _____

Date: _____

Manager Approval

Manager Name	Signature	Date Approved