

Southeastern Louisiana University Training Questionnaire

Name: _____ **Date of Training:** _____

Employee W# _____

Name of Conference/Training _____

Location of Conference/Training _____

Number of Hours estimated in actual conference/training content _____

Please give a general description of the above conference/program and any training you may have received there. _____

Who sponsored the above program? _____

Did you receive any licenses or certificates of completion? (If so, please send a copy to the Training Section, Human Resources Office, SLU 10799.)

Was this training a job requirement, skill enhancement, compliance, job enrichment or development?

Are the above programs offered annually, monthly or only as required? _____

Any additional comments: _____
