Training Tracking Report – FY 20__

Training Date and Title *(Must Match Attachment #1 Training or Continuing Education Activities Form)*												**Totals**
Employee Name – Hire Date *(must reflect date of beginning of WIC service)*	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**	**Hrs.**

Note: Training Tracking Report must be submitted to the State Agency Staff Development Specialist/Training Coordinator by April 1 and October 1.