

# Cross Department Training Checklist

## 部门交叉培训检查表

Name/姓名

Department/部门

## Position/职位

Receiving Dept./接收部门

Starting Date/开始日期

Finishing Date/结束日期

Div./Dept. Head's Signature (Receiving Dept.)/接收部门经理签字

Div./Dept. Head's Signature (Sending Dept.)/送出部门经理签字