

COMPETENCY TEST 能力测验		
Training: 培训:		
Employee Name: 姓名:	Position: 职位:	Department:员工
Examiner: 考核人:	Date: 日期:	

Question: 问题:	Yes 有	No 无	Observation: 意见:
<u>OVERALL OBSERVATIONS</u> <u>总体意见</u>			

Employee is requested to attend the training again
是否要求员工再次参加培训

YES ☐
是 ☐

NO ☐
否 ☐

Comments:
评价:
.....

Examiner Signature:
考核人签名:

Date:
日期: