



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Workplace Violence Training Log Sheet

Upon completion of the Department's mandatory Workplace Violence training, please complete the information below and submit it to your Supervisor/Training Officer:

Employee's Full Name: _____

Institution / Office Name: _____

State Employee ID #: _____

(This can be found on the State Employee Directory [Advanced Search](#) viewable inside the SOA Network only)

Date Training Was Completed: _____

Distribution:

Original: Employee File

Copy: Supervisory File

Copy: Academy Training File (doc.trainingfiles@alaska.gov)

Optional Copy: Local Training File