

TRAINING PARTICIPANTS' SIGN-IN SHEET

Department: _____ Unit: _____

Topic of Training Session: _____
 (attach summary description)

Instructor(s):	Location:	Date:	Time:	Length:
----------------	-----------	-------	-------	---------

We are required to maintain records regarding our training activities. Please provide the information indicated below to document your attendance.

Name <i>(Please Print)</i>	Unit	Phone	Employee I.D. (if available)	Official Title	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

NOTE: For the records, it is helpful to attach an agenda or other description of the material covered in this session.

Name <i>(Please Print)</i>	Unit	Phone	Employee I.D. (if available)	Official Title	Signature
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					