

TRAINING PARTICIPATION SIGN-IN SHEET

CDCR 844 (Rev. 06/14)

TITLE		TIME	DATE
AUDIENCE	INSTRUCTOR	LENGTH (IN HOURS)	LOCATION

BET ID (list all applicable)

	PERSONNEL NUMBER (PERNR)	PRINT FULL NAME (LAST, FIRST)	WORK CLASS	TODAY'S WORK HOURS	CLASS		MEAL BREAK Y or N	OVER TIME HOURS	SIGNATURE
					IN	OUT			
1									
2									
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24									

ALL COLUMNS MUST BE COMPLETED

INSTRUCTOR'S SIGNATURE

PERNR
