

**TRAINING RECORD**     **TIME SHEET**

Date	Subject Description	Location	Training Identifier		No. of Hours	Instructor (s)	
			Code	Template			
					<b>Approved By:</b>		
Student (Print Name Legibly for Credit )	Student Signature	Dept ID#	Eval/Asst.	Level of Certification	Hours	Notes	
1.							
2.							
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18.							
19.							
20.							

_____ Instructor Signature	Start Time: _____    End Time: _____    Total Time: _____	Page: ____ of ____ G:roster form (3/2010)
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*This form must be into the District office no later than the 24<sup>th</sup> of each month for credit!*