

**TRAINING PARTICIPATION SIGN-IN SHEET**

CDCR 844 (Rev. 06/14)

<b>TITLE</b>		<b>TIME</b>	<b>DATE</b>
<b>AUDIENCE</b>	<b>INSTRUCTOR</b>	<b>LENGTH (IN HOURS)</b>	<b>LOCATION</b>

**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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23									
24									

ALL COLUMNS MUST BE COMPLETED

**INSTRUCTOR'S SIGNATURE**

**PERNR**

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