Public Service Training Attendance Sheet

Class Name _____

Class Location _____

Class Number _____

Instructor's Signature _____

Instructor's Printed Name _____

If present, mark with an "X"; if absent, leave space blank.

	Type or print legibly. List alphabetically. STUDENT NAME	Do not abbreviate department name. ORGANIZATION	DATE																				Practical Skills	GRADE
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3																								
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20																								
		Enter number of class hours for each date or session ⇨																						

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