

Trainee/Participant Sign-In Sheet (For Single Class/Module)

Grant/Contract/Project Director _____

Location _____

Employer/Project: _____

Training Institute: _____

Date of Class: _____

Start Time: _____ End Time: _____

Course Title: _____

Number of Hours: _____

	Name	CWID #		Name	CWID #
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

I hereby certify that the information provided on this sign in sheet is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties of filing of false public records, and or forfeiture of any training award approved under this program.

Instructor Signature: _____

Date: _____