



## GROUP TRAINING ATTENDANCE & REPORTING FORM

(Revised 09/15/17)

**FOR COMPUTER USE ONLY**

Date Entered: \_\_\_\_\_

Course ID: \_\_\_\_\_

Class ID: \_\_\_\_\_

| Type of Training (Circle One) |      | M-Mandatory | N-Non-mandatory   |      |            |    |    |
|-------------------------------|------|-------------|-------------------|------|------------|----|----|
| Name of Training              |      |             |                   |      |            |    |    |
| Date(s) of Training           |      |             |                   |      |            |    |    |
| Location                      |      |             |                   |      |            |    |    |
| Time                          |      | Start time: | AM                | PM   | End Time:  | AM | PM |
| Length of Training (hours)    |      |             |                   |      |            |    |    |
| Name (Please Print)           |      | Signature   | Facility/ Program | EIN# | Test Score |    |    |
| First                         | Last |             |                   |      |            |    |    |
| 1                             |      |             |                   |      |            |    |    |
| 2                             |      |             |                   |      |            |    |    |
| 3                             |      |             |                   |      |            |    |    |
| 4                             |      |             |                   |      |            |    |    |
| 5                             |      |             |                   |      |            |    |    |
| 6                             |      |             |                   |      |            |    |    |
| 7                             |      |             |                   |      |            |    |    |
| 8                             |      |             |                   |      |            |    |    |
| 9                             |      |             |                   |      |            |    |    |
| 10                            |      |             |                   |      |            |    |    |
| 11                            |      |             |                   |      |            |    |    |
| 12                            |      |             |                   |      |            |    |    |
| 13                            |      |             |                   |      |            |    |    |
| 14                            |      |             |                   |      |            |    |    |
| 15                            |      |             |                   |      |            |    |    |
| 16                            |      |             |                   |      |            |    |    |
| 17                            |      |             |                   |      |            |    |    |
| 18                            |      |             |                   |      |            |    |    |
| 19                            |      |             |                   |      |            |    |    |
| 20                            |      |             |                   |      |            |    |    |
| 21                            |      |             |                   |      |            |    |    |
| 22                            |      |             |                   |      |            |    |    |
| 23                            |      |             |                   |      |            |    |    |
| Instructors (Please Print)    |      | Signature   | Facility/Program  | EIN# |            |    |    |
| 1                             | 2    |             |                   |      |            |    |    |
| 1                             |      |             |                   |      |            |    |    |
| 2                             |      |             |                   |      |            |    |    |
| 3                             |      |             |                   |      |            |    |    |
| 4                             |      |             |                   |      |            |    |    |
| Approving Signature:          |      |             | Facility/Program  |      |            |    |    |

**This form must be filled out completely. Keep a copy for your records.  
This is an official Division document – falsification is a violation of the JJS Code of Ethics**