

Education and Training Sign-In Sheet

Course Title Comprehensive Assessment Trainer: D. Dorssett Date: 11/18-11/20 Location RFSC

PLEASE PRINT

Name Octavius Murray Supervisor Name Michael Simmons
 County Richmond Employee ID# _____ Phone # 706-214-1148
 Email: omurray@dhr.state.ga.us Email _____

Day	1		2		3		4		5	
Time	In	Out	In	Out	In	Out	In	Out	In	Out
	8:30	4:30	7:30	1:00	8:30	1:30				

Name Jarita Holman Supervisor Name Sharonika Wimberly
 County Richmond Employee ID# _____ Phone # 706-214-1100
 Email: jholman@dhr.state.ga.us Email _____

Day	1		2		3		4		5	
Time	In	Out	In	Out	In	Out	In	Out	In	Out
	8:30	4:30	6:30	1:00	2:30	1:30				

Name Michelle Spencer-Newsome Supervisor Name Renee Mc Munn
 County Walton Employee ID# _____ Phone # 770-207-4000
 Email: msnewsome@dhr.state.ga.us Email _____

Day	1		2		3		4		5	
Time	In	Out	In	Out	In	Out	In	Out	In	Out
	8:30	4:30	8:30	1:00	4:30	8:30				

Name David Bolt Supervisor Name Kim Lord
 County Walton Employee ID# _____ Phone # 770-207-4092
 Email: drbolt@dhr.state.ga.us Email klord@dhr.state.ga.us

Day	1		2		3		4		5	
Time	In	Out	In	Out	In	Out	In	Out	In	Out
	8:30 AM	4:30 PM	8:30 AM	4:30 PM	8:30 AM					

Name Tammy Reed Supervisor Name Lon Roberts
 County Wayne Employee ID# 00306800 Phone # 404-217-6600
 Email: treed@dhr.state.ga.us Email lroberts@dhr.state.ga.us

Day	1		2		3		4		5	
Time	In	Out	In	Out	In	Out	In	Out	In	Out
	8:30	4:30	8:30	1:00	8:30					

Course Title: Comprehensive Assessment **Education and Training Sign-In Sheet**
 PLEASE PRINT Trainer: DeDe Arts/Deryl Dorseff Date: 11/18-11/20 Location SFSC

Name Vale Henson Supervisor Name Tammy Reed
 County Region IV Employee ID# 00247245 Phone # (404) 217-5064
 Email: vahenson@dhr.state.ga.us Email te@reed@state.ga.us

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:20	1:00	4:30	8:20	8:20
	Out	Out	Out	Out	Out
	4:30	8:20	1:00	4:30	8:20

Name Willie Armstrong Supervisor Name Kim Mobley
 County Region 15 Employee ID# 00306967 Phone # (404) 915-9534
 Email: wcarmstrong@dhr.state.ga.us Email

Day	1	2	3	4	5
Time	In	In	In	In	In
	9:00	1:00	4:30	8:30	8:30
	Out	Out	Out	Out	Out
	4:30	8:30	1:00	4:30	8:30

Name Kristie Ferguson Supervisor Name Lisa Grisson
 County Catoosa Employee ID# 0052398 Phone # (706) 935-2328
 Email: kferguson@dhr.state.ga.us Email

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:30	1:00	4:30	8:30	8:30
	Out	Out	Out	Out	Out
	4:30	8:30	1:00	4:30	8:30

Name Blake Smith Supervisor Name Roy Fagan
 County Catoosa Employee ID# Phone # 706-935-2368
 Email: mbsmith@dhr.state.ga.us Email

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:30	1:00	4:30	8:30	8:30
	Out	Out	Out	Out	Out
	4:30	8:30	1:00	4:30	8:30

Name Susan Denny Supervisor Name Dianne Yearby
 County State Office Employee ID# 0033242 Phone #
 Email:

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:30	1:00	4:30	8:30	8:30
	Out	Out	Out	Out	Out
	4:30	8:30	1:00	4:30	8:30

Education and Training Sign-In Sheet

Course Title: Comprehensive Assessment Date: 11/18-11/20

Trainer: D. Adams / D. Dolsett Location: DFSC

PLEASE PRINT

Name: Calvella Kirright Supervisor Name: Phyllis Moze
 County: Richmond Employee ID#: 00843646 Phone #: 706-721-3000
 Email: ckirright@dhr.state.ga.us Email:

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:30	1:00	8:30	1:00	8:30
	4:30	1:00	4:30	1:30	

Name: Trina Lee Supervisor Name: Phyllis Moze
 County: Richmond Employee ID#: 00907547 Phone #: (706) 721-3000
 Email: Hlee@dhr.state.ga.us Email:

Day	1	2	3	4	5
Time	In	In	In	In	In
	8:30	1:00	8:30	1:30	
	4:30	1:00	4:30	1:30	

Name: Bruce Phelan Supervisor Name:
 County: Fulton Employee ID#: _____ Phone #:
 Email: bomphilbina@dhr.state.ga.us Email:

Day	1	2	3	4	5
Time	In	In	In	In	In

Name: Felecia Fulton Supervisor Name: Brian Russell
 County: Fulton Employee ID#: _____ Phone #: 678-984-5761
 Email: fafulton@dhr.state.ga.us Email:

Day	1	2	3	4	5
Time	In	In	In	In	In
	9:00	1:00	8:35	1:00	8:30
	4:30	8:35	1:00	1:45	1:30

Name: Amy Mobley Supervisor Name: Julie York
 County: State office Employee ID#: 00327163 Phone #:
 Email: _____ Email:

Day	1	2	3	4	5
Time	In	In	In	In	In
		8:30	4:30	8:30	4:30