

Education and Training Sign-In Sheet

Course Title: OCP 301 Documentation Trainer: Steve Neals Date: 11/05-11/6 Location: Gwinnett DFCS

PLEASE PRINT

Name <u>Delorise Mayshack</u> County <u>Gwinnett</u> Employee ID# _____ Email: <u>dmayshack@dhr.state.ga.us</u>	Supervisor Name <u>Maggie Bond</u> Phone # _____ Email _____
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Day	1			2			3			4			5		
Time	In	In	Out	In	In	Out	In	In	Out	In	In	Out	In	In	Out
	8:30	1:10	3:45	8:35	12:30	1:30									

Name <u>Natasha Springer</u> County <u>Gwinnett</u> Employee ID# _____ Email: <u>nwspringer@dhr.state.ga.us</u>	Supervisor Name _____ Phone # _____ Email _____
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Day	1			2			3			4			5		
Time	In	In	Out	In	In	Out	In	In	Out	In	In	Out	In	In	Out
	8:25am	1:00pm	3:45	8:30am	12:30pm	1:30									

Name <u>TANYA LUKE</u> County <u>Gwinnett</u> Employee ID# _____ Email: <u>trluke@dhr.state.ga.us</u>	Supervisor Name _____ Phone # _____ Email _____
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Day	1			2			3			4			5		
Time	In	In	Out	In	In	Out	In	In	Out	In	In	Out	In	In	Out
	9:20	1:15	3:45	9:05	12:30	1:30									

Name <u>ROBERTS DUFF</u> County <u>Gwinnett</u> Employee ID# _____ Email: <u>rsDuff@dhr.state.ga.us</u>	Supervisor Name _____ Phone # _____ Email _____
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Day	1			2			3			4			5		
Time	In	In	Out	In	In	Out	In	In	Out	In	In	Out	In	In	Out
	8:30	12:45	3:45pm	8:30	12:30	1:30									

Name <u>Tasha Flynn</u> County <u>Barrow Co.</u> Employee ID# _____ Email: <u>trflynn@dhr.state.ga.us</u>	Supervisor Name <u>Nancy Hall</u> Phone # _____ Email _____
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Day	1			2			3			4			5		
Time	In	In	Out	In	In	Out	In	In	Out	In	In	Out	In	In	Out
	8:15am	12:45pm	3:45	8:30	12:30	1:30pm									

Education and Training Sign-In Sheet

Course Title: Documentation Trainer: Steph Nails Date: 11/5-11/6 Location: Norcross

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Name: LaToya Skinner Supervisor Name: Elizabeth Franks
 County: Rockdale Employee ID#: 00937038 Phone #: 770 388 5795
 Email: LSKINNER@dhr.state.ga.us Email: EMWINTER@dhr.state.ga.us

Day	1	2	3	4	5
Time	In 8:30a	In 10:00p	In 8:30	In 12:30	In 1:30
	Out 3:45	Out 8:30	Out 1:30	Out 1:30	Out

Name: Ravena Armstrong Supervisor Name: Eloise Connick
 County: Gwinnett Employee ID#: _____ Phone #: 678 518-5692
 Email: rcarmstrong@dhr.state.ga.us Email: ~~ecconnick~~ connick@dhr.state.ga.us

Day	1	2	3	4	5
Time	In 9:30 am	In 1:00 pm	In 8:50 am	In 12:30 pm	In 1:30
	Out 3:45	Out 3:45	Out 1:30	Out	Out

Name: Anthony Abdullah Supervisor Name: Anna Wheeler
 County: Gwinnett Employee ID#: _____ Phone #: 770 - 441 - 8800
 Email: aabdullah@dhr.state.ga.us Email: _____

Day	1	2	3	4	5
Time	In 8:30	In 6:30	In 12:30	In 1:30	In
	Out 4:30	Out 8	Out 1:30	Out	Out

Name: Makida Seyyurn Supervisor Name: Georgia Brown
 County: Gwinnett Employee ID#: _____ Phone #: 678 518-5623
 Email: _____ Email: _____

Day	1	2	3	4	5
Time	In 8:50 am	In 4:31	In 8:35	In 12:45	In 1:30
	Out 4:31	Out 8:35	Out 1:30	Out	Out

Name: Stephanie Fitzpatrick Supervisor Name: TRAVIS MURKS
 County: Gwinnett Employee ID#: _____ Phone #: 078-518-5020
 Email: _____ Email: tramos@dhr.state.ga.us

Day	1	2	3	4	5
Time	In 8:45 am	In 1:15 pm	In 1:15 pm	In 9 am	In 12:30 pm
	Out 1:15 pm	Out 3:40 pm	Out 9 am	Out 1:30	Out

Education and Training Sign-In Sheet

Course Title: _____ Trainer: _____ Date: _____ Location: _____

PLEASE PRINT

Name: Michelle Siggers Supervisor Name: Sergio Brown
 County: Gwinnett DCFS Employee ID#: _____ Phone #: (770) 518-5623
 Email: MSiggers@chr.state.ga.us Email: _____

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

Name: TOBI SMITH Supervisor Name: TRAVIS MOSES
 County: Gwinnett DCFS Employee ID#: _____ Phone #: _____
 Email: tsmith1@chr.state.ga.us Email: _____

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

Name: RIVERA ARMSTRONG Supervisor Name: _____
 County: Gwinnett DCFS Employee ID#: _____ Phone #: _____
 Email: riveraarmstrong@chr.state.ga.us Email: _____

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

Name: _____ Supervisor Name: _____
 County: _____ Employee ID#: _____ Phone #: _____
 Email: _____ Email: _____

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

Name: _____ Supervisor Name: _____
 County: _____ Employee ID#: _____ Phone #: _____
 Email: _____ Email: _____

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