

Education and Training Sign-In Sheet

Course Title: Documentation Trainer: D. Green Date: 9/22-23/09 Location: Chattanooga

PLEASE PRINT

Name <u>Kimberly Price</u> County <u>Fulton</u> Employee ID# _____ Email: <u>kprice@state.ga.us</u>	Supervisor Name <u>Yolanda Crocker</u> Phone # <u>(678) 984-5939</u> 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
	10:00am	1:00pm	3:30	8:30	12:45	2:20									

Name _____ County _____ Employee ID# _____ Email: _____	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

Name _____ County _____ Employee ID# _____ Email: _____	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

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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

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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