

Education and Training Sign-In Sheet

Course Title: OCP 301 Documentation
PLEASE PRINT

Trainer: ~~Leslie Decker~~
Sandy Sudduth

Date: October 27 & 28, 2009

Location: ~~Macon State~~
Mid GA Tech

Name <u>Ashley Hobbs</u>	Supervisor Name <u>Nakia Baker</u>
County <u>WORTH</u> Employee ID# _____	Phone # _____
Email: <u>anhobbs1@dhr.state.ga.us</u>	Email _____

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	4:30	8:30		4:30									

Name <u>EVERETT LEWIS HOATS</u>	Supervisor Name <u>SHARON WILSON / TEDDY GREENE</u>
County <u>REGION 7/COLUMBIA Co.</u> Employee ID# _____	Phone # <u>706-541-3783</u>
Email: <u>ELHOATS@DMA.STATE.GA.US</u>	Email _____

Day	1			2			3			4			5		
Time	In	In	Out	In	in	Out	In	In	Out	In	In	Out	In	In	Out
	8:30 AM	1:10	4:30	8:30 AM	1:00 PM	4:30									

Name <u>Stacie W. Jopling</u>	Supervisor Name _____
County <u>Region VII</u> Employee ID# _____	Phone # _____
Email: <u>scweeks@dhr.state.ga.us</u>	Email _____

Day	1			2			3			4			5		
Time	In	In	Out	In	in	Out	In	In	Out	In	In	Out	In	In	Out
	8:30am	1:10	4:30	8:30am	1:00pm	4:30									

Name <u>Carroll D. Mitchell</u>	Supervisor Name <u>Nakia Baker</u>
County <u>WORTH</u> Employee ID# _____	Phone # <u>777-2048</u>
Email: <u>cmitchella@dhr.state.ga.us</u>	Email _____

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

Name <u>Latasha Jackson</u>	Supervisor Name <u>Elizabeth Holloway</u>
County <u>Decatur</u> Employee ID# _____	Phone # <u>254-2026</u>
Email: _____	Email _____

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	4:30	8:30	1:00	4:30									

