

# GROUP TRAINING & ATTENDANCE FORM

Name of Training					
Date(s) of Training					
Location					
Time	Start time:	AM	PM	End Time:	AM PM
Length of Training (hours)					
<b>Name (Please Print)</b>		<b>Signature</b>		<b>Facility/ Program</b>	
1					
2					
3					
4					
5					
6					
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16					
17					
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21					
22					
23					
24					
25					
<b>Instructors (Please Print)</b>		<b>Signature</b>		<b>Facility/Program</b>	
1					
2					
3					
4					
Approving Signature:				Facility/Program	

Form 02-03A

Revised 2021-08-25



**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**