



**Florida Department of Corrections
TRAINING ATTENDANCE REPORT**

Course Title _____

Training Hours _____

Presenter _____

Ending Date of Training _____

This form is used to document training that is approved by Staff Development

	Printed Name	Employee ID #	Title	Location	*Race	**Gender	Dept/Office
1							
2							
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18							

*Race: 1=White, 2=Black, 3=Hispanic, 4=Asian, 5=American Indian, 8=Other

**Gender: M=Male, F=Female

Supervisor's Signature _____

	Printed Name	Employee ID #	Title	Location	*Race	**Gender	Dept/Office
19							
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41							
42							
43							

*Race: 1=White, 2=Black, 3=Hispanic, 4=Asian, 5=American Indian, 8=Other

**Gender: M=Male, F=Female