



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							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
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							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							

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

**Gender: M=Male, F=Female