



**Office of Management and
Enterprise Services**

Training Attendance Form

Date: 3/13/2018 0900 Location: 5005 Training Room

Course Subject: **Works Ediitng Class**

Recorded By: Linda Powell/Cindi Reisman

Presented By: Linda Powell/Cindi Reisman

CEU: 2

#	Name		Agency		Attendee Signature/Employee ID #	Email Address
	Name	Number	Name			
1	Cullen, Lisa	450	OK Med Bd			
2	Crowder, Shelley	450	OK Med Bd			
3	Gordon, Darcie - RS for 4/10	557	OPPRS			
4	Howell, Wendy	450	OK Med Bd			
5	Ricke, Kaylyn	090	OMES			
6	Shaw, Kenna	450	OK Med Bd			
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