



Oklahoma Department of Corrections

Attendance Roster



COURSE: _____ LOCATION: _____ CREDIT HOURS: _____

START DATE: _____ END DATE: _____ START TIME: _____ END TIME: _____

TRAINING OFFICER OR COORDINATOR: _____ / _____
Assigned Unit/Facility/District

INSTRUCTOR NAME: _____ / _____
Printed Name Signature

With my signature I am attesting to the attendance of these students.

	PRINT LAST NAME, FIRST NAME <small>OP-100101 states at no time will an employee or trainer sign or initial the roster for another employee</small>	JOB TITLE	EMPLOYEE ID NUMBER	WORK LOCATION
1				
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22				

DATE RECORDED IN ELM: _____ PAGE NUMBER: _____ OF _____