

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
EMPLOYEE MULTI-DAY TRAINING SIGN-UP SHEET

Instructor(s): Jalbert, Scotty

Location: _____

Dates - From: TBA Page: 1 of 1

Topic (s): I-300, Intermediate ICS

Instructor: Please fill in the dates of your class. Remember to include student's grade at the end of class.

Students: Print your name where indicated and sign or initial under each class date that you attend.

Please print and sign your name legibly. Use an additional sheet if necessary.

1	Name and Station/Company (Please print)	Class Dates			Paperwork ✓	Grade P/F
		Signature (1 st Day)	Initial	Initial		
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NOTE TO INSTRUCTORS:

Upon class completion, please sign below the last student signature in order to close the class roster.