

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

Instructor(s): _____

Location: HMB—SCCTO Sponsored

1/10/11 To: 1/14/11 Page 1 of 1

Topic (s): SFM Training Instructor 1A CFSTES

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.

Name and Station/Company (Please print)			Class Dates				Paper work ✓	Grade P/F
			Signature (1 st Day)	Initial	Initial	Initial		
1	Agustin, Josh	3						
2	Cargile, Aaron	2						
3	Grady, Eva	2						
4	Gunn, Brandon	2						
5	Lewandowski, Steve							
6	Minkstein, John	2						
7	Peery, Jonathan	4						
8	Schonig, Frank	3						
9	Sheaff, Justin	1						
10	Winnen, Jesse	2						
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

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

