

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

Instructor(s): \_\_\_\_\_  
 \_\_\_\_\_

Location: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Topic (s): \_\_\_\_\_

**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<br>(Please print) | Class Dates                     |         |         |         |         | Grade |
|--|---------------------------------|---------|---------|---------|---------|-------|
|  | Signature (1 <sup>st</sup> Day) | Initial | Initial | Initial | Initial |       |
| 1  |                                 |         |         |         |         |       |
| 2  |                                 |         |         |         |         |       |
| 3  |                                 |         |         |         |         |       |
| 4  |                                 |         |         |         |         |       |
| 5  |                                 |         |         |         |         |       |
| 6  |                                 |         |         |         |         |       |
| 7  |                                 |         |         |         |         |       |
| 8  |                                 |         |         |         |         |       |
| 9  |                                 |         |         |         |         |       |
| 10   |                                 |         |         |         |         |       |
| 11   |                                 |         |         |         |         |       |
| 12   |                                 |         |         |         |         |       |
| 13   |                                 |         |         |         |         |       |
| 14   |                                 |         |         |         |         |       |
| 15   |                                 |         |         |         |         |       |
| 16   |                                 |         |         |         |         |       |
| 17   |                                 |         |         |         |         |       |
| 18   |                                 |         |         |         |         |       |
| 19   |                                 |         |         |         |         |       |
| 20   |                                 |         |         |         |         |       |
| 21   |                                 |         |         |         |         |       |
| 22   |                                 |         |         |         |         |       |
| 23   |                                 |         |         |         |         |       |
| 24   |                                 |         |         |         |         |       |
| 25   |                                 |         |         |         |         |       |
| 26   |                                 |         |         |         |         |       |
| 27   |                                 |         |         |         |         |       |
| 28   |                                 |         |         |         |         |       |
| 29   |                                 |         |         |         |         |       |
| 30   |                                 |         |         |         |         |       |