

**IN-SERVICE TRAINING SIGN-IN SHEET  
CDCR 844 (Rev. 01/15)**

TITLE <b>Prison Rape Elimination Act (PREA)</b>			BET ID <b>11053499</b>				CLASS TIME				DATE	
AUDIENCE <b>SATF Volunteer</b>			INSTRUCTOR'S NAME <b>J. Bragg, CRM</b>				LENGTH OF CLASS (In hours) <b>1.0</b>				LOCATION	
	PERSONNEL NUMBER (PERNR)	PRINT FULL NAME (Last, First)	WORK CLASS	TODAY'S WORK HOURS	IN	OUT	MEAL BREAK Y or NO	OVER TIME HOURS	FULL-TIME or PIE	LAST 4	SIGNATURE	Class score Instructor Use Only
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

**TRAINING COMMENTS:** California Department of Corrections and Rehabilitation – Prison Rape Elimination Act Policy (PREA) Version 2.0  
The volunteer(s) have read the CDCR PREA training material.

**ALL COLUMNS MUST BE COMPLETED**

<b>INSTRUCTOR'S SIGNATURE</b>	<b>PERNER</b>
-------------------------------	---------------