

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

TITLE		BET ID					CLASS TIME				DATE	
Volunteer Training		Varies – See Comments										
AUDIENCE		INSTRUCTOR'S NAME					LENGTH OF CLASS (In hours)				LOCATION	
SATF Volunteer		J. Bragg, CRM					2.5					
1	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
	2											
3												
4												
5												
6												
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20												

TRAINING COMMENTS: California Department of Corrections and Rehabilitation – Volunteer/Contractor Handbook for SATF volunteers.

ALL COLUMNS MUST BE COMPLETED

INSTRUCTOR'S SIGNATURE

PERNER