



# Oklahoma Department of Corrections

## Attendance Roster

Course: \_\_\_\_\_ Location: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Training Officer or  
Coordinator: \_\_\_\_\_ / \_\_\_\_\_  
Printed Name \_\_\_\_\_ Assigned Unit/Facility \_\_\_\_\_

Instructor Name: \_\_\_\_\_ / \_\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

With my signature I am attesting to the attendance of these participants.

Please PRINT Neatly: LAST Name, FIRST Name		Employee ID Number	Work Location	Test Score
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