



TRAINING ATTENDANCE ROSTER

INSTRUCTIONS: Scan Completed Roster to HR@cfcare.org. Submit Roster, Training Plan and Evaluations to Diane G. for Data Entry

NAME OF TRAINING:		DATE:	TIME:
DESCRIPTION OF TRAINING:			
NAME OF PRESENTER:		AGENCY NAME:	
		LOCATION	NO. OF HOURS:
	Name (printed)	Signature	Department/email address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Scan copy to hr@cfcare.org. Give the this plus Training Plan and Evaluations to Diane G. for data entry