

IDAHO POST ACADEMY COURSE ATTENDANCE ROSTER

<p style="text-align: center; margin: 0;">POST Staff use only</p> <p>Reconciled (Initials & Date) _____</p> <p>No Tuition to POST _____</p> <p>Course Number _____ Training Coordinator _____</p>	Agency Certified to Present Course _____	
	Title of Course _____	
	Date Course Given From _____ To _____	Time Course Given From _____ To _____
	Location of Course - City & State _____	

		Name of Trainee (PLEASE PRINT!) <small>Place "X" here if trainee did NOT complete course. For Office Use ONLY!</small>	POST ID Number <small>(last 4 digits of SSN number, the first four letters of first name and day of birth Example 6789jere07</small>	Current Assignment	Agency (Do not abbreviate)	Course Hours Completed
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
		8.				
		9.				
		10.				
		11.				
		12.				
		13.				
		14.				
		15.				
		16.				
		17.				
		18.				
		19.				
		20.				

E-ROSTER OR HARD COPY ORIGINAL ROSTER MUST BE SUBMITTED WITHIN 30 DAYS. DO NOT SEND BOTH.

Name of Instructor (s)	POST ID Number <small>(see above for instruction)</small>	Department or Agency	# Hours Instructed
1.			
2.			
3.			
4.			

<p>SIGNATURE OF PERSON MAKING REPORT _____</p> <p>PRINTED NAME _____</p>	<p>DATE</p> <p>_____</p>	<p>Page _____</p> <p>Of _____</p>
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