

INTERNAL COURSE ATTENDANCE ROSTER

Title of Course					
Date Course Given From _____ To _____		Time Course Given From _____ To _____			
Agency Certified to Present Course					
Location of Course – City, County, State, & POST Region City _____ County _____ State _____ POST Region _____					
Total Hours		Total Grads			
Name of Trainee (PLEASE PRINT!)		POST ID Number (last 4 digits of SSN number, the first four letters of first name and day of birth Example 6789jere07	Current Assignment	Agency (Do not abbreviate)	Course Hours Completed
Place "X" here if trainee did NOT complete course. ↓					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Name of Instructor (s)		POST ID Number (see above for instruction)	Department or Agency		# Hours Instructed
1.					
2.					
3.					
PRINT NAME OF PERSON MAKING REPORT _____			DATE _____		Page ____ Of ____

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