



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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			