Empowering People,
Enriching Lives

STAFF TRAINING SIGN IN
FORM C-705

Title of Training Course: _____

Presenter/Instructor: _____

Date: _____ Starting Time: _____ Ending Time: _____ Total Number Hours: _____

Description: _____

Name (Print name as it appears **On Social Security card)**	**Position/Facility**	(✔) **Successfully Completed**	**Time In**	**Time Out**

Instructor's Signature and Title: _____

Copies to: ☐ Human Resources ☐ Payroll: Payment of Training Hours for Non-Exempt Personnel ☐ Department

FORM C-705; REV. 12/85; 3/88; 8/89; 10/90; 8/92; 10/96; 01/02; 08/10; 10/13