

Instructor Sign-In

Course Mobile (Live Fire) Training Unit M **Class Section** 200-016-902- **Day** 1 **Date** 0 **Day of Week**

Staff Member **Starts** **Ends** **Break** **Special Assigns** **Special Hours** **Tot Hrs** **Travel** **Status**

Meals \$ _____ Hotel **Mileage Start:** **Mileage End:** Carpool Ferry Expense Report
 Check In Date: **Check Out Date:**

Signature

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Signature

I certify for the above time period I was not on Fire Department duty, Sick Leave, Administrative Leave, nor injured on Duty Leave.

Remarks: _____

Lead/Instructor Signature: _____