Central California Training Academy

"Serving those who serve others"

Sign-in Sheet

Page:		of		Training Date(s):	Start Date: End Date:
☐Core ☐Specialized				Unique ID:	
Course ID/Title:					
Time:				Total Hours:	
RTC:				Training Covered By:	
Trainer:					
Co-Trainer:					
☐Master Contract ☐ Special Contract				Contract Name:	
Training Location:					
Region:					

Position Codes: (ADMIN) Administrator, **(MGR)** Manager, **(SUP)** Supervisor, **(SW)** Social Worker, **(FP)** Foster Parent, **(CP)** Community Partner, **(ST)** Student/ Intern, **(O)** Other

Agency/Division Code: (CWS) Child Welfare Services, **(DSS)** DSS (non-CWS) /Other, **(PROB)** Probation, **(MH)** Mental Health, **(TRIB)** Tribal Organization, **(CP)** Community Partner, **(O)** Other

	Employee Name *Please Print on first line Signature on second*	Initials Day 2	Position Code *See Above*			County of Employment	Agency *See Above*			*Please do not write in shaded area.*
1)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								
2)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								
3)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								
4)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								
5)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								
6)	Print		☐ADMIN ☐MGR ☐SUP	☐SW ☐FP ☐CP	☐ST ☐O		☐CWS ☐TRIB	☐PROB ☐MH ☐DSS (non-CWS)	☐CP ☐Other	
	Sig	Email:								

Updated: 6/15/2020