

# CLASS ROSTER

Date:	Course #:
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Start Time:	End Time:	Total Hrs.	Class Type:	Client:
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**Disclaimer:** Please write your name as it should appear on your card. \$10.00 WILL BE BILLED FOR CARD REPLACEMENTS. Complete all applicable fields.

Name		Address	C/IC	Test	Rem.
	Employee ID	Email			
	Location #	Phone			
	Employee ID	Email			
	Location #	Phone			
	Employee ID	Email			
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	Location #	Phone			
	Employee ID	Email			
	Location #	Phone			

**C/IC - C=Completed / IC= Incomplete - Test SC=Test Score - Rem=Remediated Yes /No**  
 Instructor Comments: (Attach incident report if needed)

Instructor Name	Signature:	Instructor ID:	Date Class Completed:
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