

ATTENDANCE ROSTER

Course Title: _____

Course Location: _____

Course Instructor: _____ Course Hours: _____

Beginning Date: (MM-DD-YY) _____ Ending Date: (MM-DD-YY) _____

Name: _____
Last First Middle

Officer's e-mail Address: _____

Social Security Number: **(Required for Credit/Certificate)** _____

Department/Agency: _____

Dept./Agency Address: _____
Number Street City State Zip

Dept./Agency Phone Number: (Include Area Code) _____

Date of Employment: (MM-DD-YY) _____

Employment Status: (Enter Letter Code from List Below) _____

- | | |
|--|---------------------------------|
| AX=Auxiliary Police Officer | FO=Full-Time Police Officer |
| CF=Corrections/Court Security Full-Time | PO=Part-Time Police Officer |
| CP=Corrections/Court Security Part-Time | OC=Other Civilian Non-Sworn |
| CR=Coroner/Deputy Coroner | OF=Federal Officer |
| DF=Dispatch Full-Time | OT=Other Unspecified _____ |
| DP=Dispatch Part-Time | SA=States Attorney/Assistant SA |
| EMT=Emergency Medical Technician/Paramedic | SP=State Police |

Please provide salary: (Circle Either Hourly or Yearly) _____

NOTE: The above registration is necessary for compliance with the Inter-Governmental Law Enforcement Officer In-Service Training Act (P.A. 82-674)