

Instructor Sign-In

Course SCBA Maze Trailer Municipal As **Class Section** 200-016-901 **Day** **Date** **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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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: _____