

LUZERNE COUNTY COMMUNITY COLLEGE

Public Safety Training Institute 1333 South Prospect Street Nanticoke PA 18634

<u> </u>	Phone: 570-740-0521 or 481							Fax: 570-740-0664		
			Cours	se Instru parate report	u ctor ' t each i	s Report				
						ame of Instructor:				
(Complete Address	where course w	as held—including	building, na	me, str	eet, city, zip co	de:			
_				ATTEN	DANG	CE C				
ATE	** TIME STARTED	** TIME ENDED	NUMBER ENROLLED	NUMBER DROPPED		NUMBER ABSENT	NUMBER PRESENT	Primar (P)	y Secondar (S)	
				CERTIFI	ICATIO	ON.				
	I cer	tifiy that the a	pove report is true				ed hours	of training.		
5	Signature of Instructor:					Address:				
	Social Security Number:									
	Document Check List: Submitted Attached To Follow Contract:					Total Hours	Rate/Hour	Total Pay	Check #	
	Enrollment For				_	**				
	Evaluation For Roll Sheet(s):	ms:			_	0 0		5 (5		
	Travel Expense:					Course Supervisor (lead Instructor)		Date Report Received:		
	* "Time Started", "Tentract If not		O'ana at							
С	contract. If not—contact Public Safety Training Institute					Signature:		Ī		