

# Staff Training Program Roll Call

Program Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_

No.	Full Name	Department	Designation	Signature	Time In	Remarks
1						
2						
3						
4						
5						

Facilitator's Signature

\_\_\_\_\_  
Date