

**Rural Transit Assistance Center  
Classroom Training  
Driver & Support Personnel  
Attendance Sheet**

PLEASE PRINT YOUR NAME

- |     |     |
|-----|-----|
| 1.  | 16. |
| 2.  | 17. |
| 3.  | 18. |
| 4.  | 19. |
| 5.  | 20. |
| 6.  | 21. |
| 7.  | 22. |
| 8.  | 23. |
| 9.  | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

Agency Name: _____
Address: _____
Telephone: _____
FAX: _____
E-Mail: _____
Date: _____
Supervisor Name (please print): _____
Supervisor Signature: _____

**Please return this original attendance sign-in sheet to RTAC.  
Please mail or scan/email to: Mable Kreps; RTAC; 1 University Circle;  
Stipes 318; Macomb, IL 61455; MR-Kreps@wiu.edu**