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 503; Macomb, IL 61455; MR-Kreps@wiu.edu