

INSTRUCTOR-CIC Class Sign-in Sheet

Date of Class #1: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of week Date

**Note to all employees:** By signing your name in the space below you are affirming that:

1. You are present and ready to work as the between the sign in and sign out times
2. You are not being paid by another employer during the time that you are signed in and signed out.

	Last Name:	First Name:	Time In:	Time Out:	Modules Taught
1					
2					
3					
4					
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12					
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14					
15					
16					
17					
18					

INSTRUCTOR-CIC Class Sign-in Sheet

Date of Class #2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of week Date

**Note to all employees:** By signing your name in the space below you are affirming that:

1. You are present and ready to work as the between the sign in and sign out times
2. You are not being paid by another employer during the time that you are signed in and signed out.

	Last Name:	First Name:	Time In:	Time Out:	Modules Taught
1					
2					
3					
4					
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