

## Class Sign In Sheet

Course Name:	Managing Employee Performance Training
Date/Time:	07/17/2019 08:30 AM -07/17/17 12:00 PM
Instructor:	Claudia Blaine
Location:	District Four Auditorium

[illegible]

Class Name: First Aid/CPR  
 Class Code: SoNM-1109-365  
 # of Session: 1

Session 1

Date: 2/13/2020  
 # of Learners: 16

Start Time: 8:30 AM MST  
 End Time: 3:30 PM MST

Facility:  
 Room :

Employee ID	Learner Name	Sign In	Sign Out
<del>343738</del>	<del>Albert Cruz</del>	NO Show	
<del>359054</del>	<del>Andrew Ortega</del>	NO Show	
<del>331555</del>	<del>Bennie Sena</del>	NO Show	
109931	Carlos Lucero	<i>[Signature]</i>	<i>[Signature]</i>
<del>331064</del>	<del>Chris Lucero</del>	NO Show	
348720	Christian Gutierrez	<i>Christian Gutierrez</i>	<i>Christian Gutierrez</i>
348820	Christopher Lujan	<i>Chris Lujan</i>	<i>CDL</i>
345090	Dennis Gouin	<i>D. Gouin</i>	<i>D. Gouin</i>
328093	Fernando Roybal	<i>[Signature]</i>	<i>[Signature]</i>
<del>306213</del>	<del>Francisco Martinez</del>	NO Show	
343476	Kevin Hoy	<i>Kevin Hoy</i>	<i>[Signature]</i>
121203	Noah Melton	<i>Noah Melton</i>	<i>Noah Melton</i>
354088	Phillip Duran	<i>[Signature]</i>	<i>[Signature]</i>
125587	Phillip Lucero	<i>[Signature]</i>	<i>[Signature]</i>
320621	Stoney Jaramillo	<i>Stoney Jaramillo</i>	<i>[Signature]</i>
110582	Thomas Hatcher	<i>Thomas Hatcher</i>	<i>[Signature]</i>

NEW MEXICO DEPARTMENT OF TRANSPORTATION

Training Request Form



Employee Name: Stoney Jamill Classification: AMW-Sup  
Employee #: 320621 Org Code: 44-88 Phone: 575-512-6363  
Division/District: NMDOT Dist 4 Work Unit: Heavy Maintenance

Course Information

Course Title: Pipe Line Safety Training Sponsor/Vendor: \_\_\_\_\_  
Begin Date: 2-27-20 Ending Date: 2-27-20 Location: Tucumanari  
Time(s): 11:30 a.m. Total Hours of Attendance: 3 Cost: N/A

Training Relevance:  
(Why Should You Attend?)

Be the Work Related

Check All That Apply:

- ☒ Is this class career related? ☐ Will outside resources, like scholarships and grants, be used to offset the cost of the course?  
☒ Is this class required? Types of outside resources: \_\_\_\_\_  
☒ Is this class mandatory? Amount of outside resources? \_\_\_\_\_  
☒ Is this class recommended? ☐ Is class more than three (3) days?  
☐ Is per-diem requested?  
Amount requested? 0

I have read and understand Administrative Directive 614.

Employee Signature: Stoney Jamill

Date

2-24-20

Approvals

Immediate Supervisor: Atencio

Date

5/24/20

☒ Should the employee attend this training?

Training Liaison: \_\_\_\_\_

Date

☐ Is Division budget available?

Training Bureau: \_\_\_\_\_

Date

☐ Is Training budget available?

Division Director/  
District Engineer/ or  
Designee: \_\_\_\_\_

Date

\* Trainings lasting more than three days must be approved by the Division Director/District Engineer/ or Designee.



NEW MEXICO DEPARTMENT OF TRANSPORTATION  
Training Request Form



Employee Name: Stoney Jaramillo Classification: HWY-Maint-Supv  
Employee #: 320621 Org Code: 4488 Phone: 652-8989  
Division/District: D4 Work Unit: Heavy Maintenance

**Course Information**

Course Title: CPR/ FIRST AID Sponsor/Vendor: NMDOT  
Begin Date: Feb 13,2020 Ending Date: Feb 13,2020 Location: Las Vegas  
Time(s): 8:30 am - 3:30pm Total Hours of Attendance: 6.5 Cost: n/a

Need for employee training, on CPR first aid

Training Relevance:  
(Why Should You Attend?)

Check All That Apply:

- ☒ Is this class career related? ☐ Will outside resources, like scholarships and grants, be used to offset the cost of the course?  
☒ Is this class required? Types of outside resources: \_\_\_\_\_  
☒ Is this class mandatory? Amount of outside resources? \_\_\_\_\_  
☒ Is this class recommended? ☐ Is class more than three (3) days?  
☐ Is per-diem requested?  
Amount requested? \_\_\_\_\_

I have read and understand Administrative Directive 614.

Employee Signature: Stoney Jaramillo

Date 2/13/20

**Approvals**

Immediate Supervisor: [Signature]

Date 2/13/20

☒ Should the employee attend this training?

Training Liaison: [Signature]

Date 2/13/20

☐ Is Division budget available?

Training Bureau: \_\_\_\_\_

Date \_\_\_\_\_

☐ Is Training budget available?

Division Director/  
District Engineer/ or  
Designee: [Signature]

Date 2/13/20

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