Class Sign In Sheet

Course Name:		Sign In Silect			
The second of the second of	Managing Employee Performance Training 07/17/2019 08:30 AM -07/17/17 12:00 PM				
Date/Time:					
Instructor:	Claudia Blaine				
Location:	District Four Auditorium				
Employee ID	Employee Name	Signature			
127064	Andalecio Ulibarii	A 72-			
338849	Brian Gonzales	O Bright			
320782	Jose Sintas	(Sintal			
118774	Mariainez Tenorso	Waryans tenary			
335872	Catrina Romero	Carrier Romes			
320621	Stoney Jaranillo	Stay July			
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Class Name:

First Aid/CPR

Class Code: # of Session: SoNM-1109-365

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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
343738	Albert Gruz	No Show	
359054	Andrew Ortega		3
331555	Bennie-Sena	40 Show	- /
109931	Carlos Lucero	al	a
331064	Chris-Lucero	No Show	
348720	Christian Gutierrez	Chastre Det	Chrost Di
348820	Christopher Lujan	Owing Line	COL
345090	Dennis Gouin	1) /m.	D.2.
328093	Fernando Roybal	11/10/	
306213	F rancisco Martinez	NO Show	7
343476	Kevin Hoy	Kevin Hoy	X#5
121203	Noah Melton	Male Mother	Wal Thether
354088	Phillip Duran		Supply of the su
125587	Phillip Lucero	The fueres	Whithere a
320621	Stoney Jaramillo	Stores January	The same of the sa
110582	Thomas Hatcher	Odening Atatate	The less that I

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Training Bureau

NEW MEXICO DEPARTMENT OF TRANSPORTATION

Training Request Form

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Employee Name: Jones Jasan. (6	Classification: AMW-Sop						
Employee #: 32062 Org Code: 44-88	Phone: 575-512-6363						
Division/District: NMD07 Disf4 Work Unit:	Hoavy Mandforce						
Course Information							
Course Title: Pipe Line Sataty Training	Sponsor/Vendor:						
Begin Date: 2-27-20 Ending Date: 2-27-20	Location: Tucumcari						
Time(s):	: 3 Cost: <i>U/A</i>						
Training Relevance: (Why Should You Attend?)	Lock						
Check All That Apply:							
 ✓ Is this class career related? ✓ Is this class required? ✓ Is this class mandatory? ✓ Is this class recommended? ✓ Is this class required? ✓ Is this class mandatory? ✓ Is class more than three (3) days? ✓ Amount requested? 	arships and grants, be used to offset the cost of the course?						
I have read and understand Administrative Directive 614. Employee Signature:	Date <u>2-24-20</u>						
Approvals							
Immediate Supervisor: Date 5	5450 E should the employee attend this training?						
Training Liaison: Date	I t						
Training Bureau: Date	Is Training budget available?						
Division Director/ District Engineer/ or Date							

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

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NEW MEXICO DEPARTMENT OF TRANSPORTATION

Training Request Form



Employee Name:	Stoney Jaramillo			Classification:	HWY-Maint-Supv	<i>XX</i> 100 /			
Employee #:	320621	Org Code: 4	488	Phone:	652-8989	*			
Division/District:	D4	2	Work Unit:	Heavy Maint	enance	4			
Course Information									
Course Title:	CPR/ FIRST AID			Sponsor/Vendo	or:NMDOT				
Begin Date:	Feb 13,2020	Ending Date:	Feb 13,2020	Location:	Las Vegas				
Time(s):	8:30 am - 3:30pm	Total F	lours of Attendance:	6.5	Cost: n/a				
	Need for e	employee training, on	CPR first aid						
Training Relevand (Why Should You									
Check All That Ap	oply:		-N						
Is this class of the c	career related?	☐ Will outside	resources, like scholar	ships and grants,	be used to offset the cos	t of the course?			
☐ Is this class	required?	Types of outsi	de resources:			*			
	mandatory?	Amount of ou	tside resources?						
	recommended?	☐ Is class more	e than three (3) days?						
	requested?								
Amount requ									
			v						
I have read and	l understand Adminis	tratīve Directīve 614	4.						
Employee Si	gnature:	gray Juni	A.	Date	2/13/2	0			
Varianti di Santa di		<i>O</i>	Approvals						
			- APMOATO						
Immediate Su	pervisor:	My:110	7 . Date 2	/13/30 I	Should the employee att this training?	end			
Training Liaiso	on:		Date M	3/100 0	ls Division budget availa	ble?			
Training Burea	iu:		Date		Is Training budget availa	ble?			
Division Direct District Engine Designee: *Trainings lasting	eer/ or	st be approved by the Dr	Date	12/20_neer/ or Designee.	9				