

## Montana Public Safety Officer Standards & Training Council

Website: dojmt.gov/post 2260 Sierra Road East Helena, MT 59602 Email: mtpost@mt.gov Phone: (406) 444-9975 Fax: (406) 444-9978

## **POST ATTENDANCE ROSTER – MULTI-DAY**

ARM 23.13.301 and 23.13.302

Instructions: This Attendance Sheet must be used for all courses approved by POST for credit hours which are longer than one day. Do not have students fill out individual applications for POST credit for approved courses. The course instructor or coordinator is responsible for ensuring that this Roster is filled out completely and returned to POST for the students to get credit for the course. Students will not receive any credit unless they attend at least 90% of the course. This form must be submitted within one year of the training.

Cou	rse Title:								
Instructor(s):									
Course Location:		Hours: _	Hours:						
Email Address:		F	Phone:						
Publ	ic Safety Officers <u>must</u> print their name,	agency, date of birth, emai	l, and sign t	his roster to	receive PO	ST credit.			
1.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.			
	Agency:	a.m	a.m	a.m	a.m	_ a.m			
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m			
	Email:	Signatur	Signature:						
2.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.			
	Agency:		a.m	a.m	a.m	_ a.m			
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m			
	Email:	Signatur							
3.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.			
	Agency:	a.m	a.m	a.m	a.m	_ a.m			
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m			
	Email:	Signatur							
4.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.			
	Agency:	a.m	a.m	a.m	a.m	_ a.m			
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m			
	Email:	Signatur	Signature:						

<sup>\*</sup>Failure to provide the information required may result in denial of credit or delay in credit appearing on your POST transcript.



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## POST ATTENDANCE ROSTER - MULTI-DAY - ADDITIONAL PAGE

1.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.		
	Agency:	a.m	a.m	a.m	a.m	_ a.m		
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m		
	Email:	Signature:						
2.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.		
	Agency:	a.m	a.m	a.m	a.m	_ a.m		
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m		
	Email:							
3.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.		
	Agency:	a.m	a.m	a.m	a.m	_ a.m		
	Date of Birth:	p.m	p.m	p.m	p.m	_ p.m		
	Email:							
4.	Name:	Mon.	Tues.	Wed.	Thur.	Fri.		
	Agency:	a.m	a.m	a.m	a.m	_ a.m		
			n m			n m		
	Date of Birth:	p.m	. P.III	p.m	p.m	_ P.III		
	Email:			p.m				
5.	Email:	Signatur	e:					
5.		Signatur <b>Mon.</b>	e:		Thur.	Fri.		
5.	Name:	Signatur <b>Mon.</b> a.m.	Tues. a.m	Wed.	Thur.	<b>Fri.</b> _ a.m		
5.	Name:	Signatur  Mon. a.m p.m	Tues. a.m p.m	<b>Wed.</b> a.m	<b>Thur.</b> a.m p.m	<b>Fri.</b> _ a.m _ p.m		
5. 6.	Name:Agency:Date of Birth:	Signatur  Mon. a.m p.m Signatur	Tues. a.m p.m	<b>Wed.</b> a.m p.m	<b>Thur.</b> a.m p.m	<b>Fri.</b> _ a.m _ p.m		
	Name: Agency: Date of Birth: Email:	Mon. a.m p.m Signatur	Tues. a.m p.m re:	<b>Wed.</b> a.m p.m	Thur. a.m p.m	Fri. _ a.m _ p.m Fri.		
	Name:  Name:  Agency:  Date of Birth:  Email:	Mon. a.m p.m Signatur  Mon. a.m	Tues. a.m p.m re: Tues. a.m	Wed. a.m p.m	Thur. a.m p.m  Thur. a.m	Fri. p.m Fri. a.m		

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