

TRAINING AND DEVELOPMENT ATTENDANCE RECORD

Title of Course/Activity Tri-Lateral Safety Alliance (TLSA) Contract Employee Safety Orientation			Location
Hours Scheduled	From (Date and Time)	To (Date and Time)	Sponsoring Organization 0200

LEARNING ACTIVITY ID 00071573

SESSION NUMBER _____

For Administrative Use Only

Date Entered in ATIS:	Entered By:
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Please Print

Course Grade	*PT Code	EIN/SSN	Name (as on payroll - First, Middle, Last)	TVA Telephone	Check if NON-TVA Employee	No. Hrs.	Short Code	Signature
1					<input type="checkbox"/>			
2					<input type="checkbox"/>			
3					<input type="checkbox"/>			
4					<input type="checkbox"/>			
5					<input type="checkbox"/>			
6					<input type="checkbox"/>			
7					<input type="checkbox"/>			
8					<input type="checkbox"/>			
9					<input type="checkbox"/>			
10					<input type="checkbox"/>			
11					<input type="checkbox"/>			
12					<input type="checkbox"/>			
13					<input type="checkbox"/>			
14					<input type="checkbox"/>			
15					<input type="checkbox"/>			
16					<input type="checkbox"/>			

**Participant Codes: C - Cancelled; F - Failed; I - Incomplete; N - No Show; P - Pass; W - Waiver*

Trainer(s) Full Name: _____

Trainer(s) Telephone: _____

Trainer's Signature

Date