



DEPARTMENT OF FIRE AND RESCUE SERVICES

	<h1>GENERAL ORDER</h1> 700.02	
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Originating From	Issue Date	Revision Date	Attachments
<b>Training</b>	<b>11/01/2001</b>	<b>N/A</b>	<b>A-C</b>

**SUBJECT: Attendance Rosters for Training Programs**

**APPLICABILITY: All Personnel**

**POLICY:**

Attached are attendance rosters that are to be used for all Howard County Department of Fire and Rescue Services (DFRS) training programs. These rosters should be used for any program for which the attendee wishes to receive credit for attendance. Examples of such programs are resident programs, in service training, company level drills, continuing education, and CPR.

The roster also contains instructor information. Each instructor participating in the program will complete the back of the roster in order to ensure credit for the hours taught and payment of the individual. The information included on the back of the roster will take the place of the Training Activity Report.

- 1 The Attendance Roster (Attachment A) should be completed in the following manner:
  - 1.1 **Course** is the title of the course.
  - 1.2 **Course number** is the number assigned by the Bureau of Training to the course.
    - 1.2.1 The Training Branch should be contacted prior to the start of the program to assign a course number.
  - 1.3 **Session** is the session number of the program. If it is a single session program, this need not be completed.
  - 1.4 **Date** is the date of the program.
  - 1.5 **Subject** is the topic or topics that were taught.

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- 1.6 **Registered student** is the printed name of the student. This may be completed by the instructor prior to the program via electronic means.
- 1.7 The student will sign in at the time they arrived for class and sign out when they depart.
- 1.8 Career personnel who are detailed to the program while on duty shall check the appropriate box.
- 1.9 Career personnel who are being compensated in the form of overtime to attend the class shall check the appropriate box.
- 1.10 Each student attending will provide their signature, indicating their attendance at the program.
- 2 The Instructor Information (Attachment B) will be completed in the following manner:
  - 2.1 The lead instructor will provide the title of the program and the date where indicated.
  - 2.2 The lead instructor will complete the appropriate information, including their name, the number of hours taught, their straight time hourly rate, and their signature.
  - 2.3 Support instructors will complete the same information where indicated.
  - 2.4 The lead instructor for the program will be responsible for the completion of the attendance roster and instructor information.
  - 2.5 A representative of the Training Branch will verify the roster with their signature, and then pass to the Battalion Chief of Training for review.
- 3 The original copy of the roster will be placed in the class file.
- 4 Copies of the roster will be made to be placed in each instructor's file and will be forwarded to the Bureau's Administrative Support Technician, if payment for contractual services is involved.
- 5 Supplemental Rosters and Instructor Information are provided, if needed.

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- 6 The Instructor Data form (Attachment C) is to be used only for those who are compensated at the contract rate established by DFRS.
  - 6.1 The instructor who is compensated at the contract rate will complete all the data requested on the form
  - 6.2 The information will be entered into a data base by the Training Branch.
  - 6.3 This information will be kept on file so payment can be made for services.
  - 6.4 Once on file, the instructor will only have to complete the form in the event of changes to the information requested.
  
- 7 The intent of the roster and instructor information forms is to provide a better accounting of DFRS training programs and the costs associated with those programs. It is also designed to eliminate some of the redundant documentation currently required.

Approved:

\_\_\_\_\_  
Joseph A. Herr  
Fire Chief



# Howard County Fire and Rescue Training Branch

## *Attendance Roster*

**Course:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Session:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

Registered Student (Print)	Sign In Time	Sign Out Time	On Duty	Overtime	Signature of Registered Student
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					



# Howard County Fire and Rescue Training Branch

## *Supplemental Roster*

Registered Student (Print)	Sign In Time	Sign Out Time	On Duty	Overtime	Signature of Registered Student
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					



## Instructor Information

**Program Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lead Instructor:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Support Instructor:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Support Instructor:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Support Instructor:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Support Instructor:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Training Branch Signature**

\_\_\_\_\_  
**Battalion Chief Signature**



# Howard County Fire & Rescue

## Instructor Data

**The following information is required for payment for instructional services. Once completed, this information will be kept on file by the Training Branch for payment for future services. If any of this information changes, it will be necessary to complete an updated form.**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_