

# Criminal Justice Training Program Supplemental Time Sheet



Print Name: \_\_\_\_\_ PID Number: \_\_\_\_\_

Submit Original/Signed Time Sheet to Criminal Justice Training Program office by the last day of the month.

**Enter the Course/Program Name as indicated on schedule (i.e., BLE, BCO, BDD, EOT and the 4 digit number following).**

Course/Program Name: \_\_\_\_\_

Enter the topics you taught in the course you indicated.  
Enter one date per line.  
Enter the number of hours taught for each time period.

**The panels below are for Office Use Only**  
(\*Lou, Chasity, Don, Frank)

CJK # PS #	Topic Taught	Date Taught	Number Hours	Month _____ 20____ Term _____	Course #	Ref #	Rate
							*\$
					Hours	11270200-56001	11500-IPS-00-56001
			Total Hours				Grand Total \$

**I hereby certify that the data included herein is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_