TENNESSEE CORRECTIONS INSTITUTE
FACILITY TRAINING ROSTER
IN-SERVICE

TRAINING FOR YEAR _____

EMPLOYEE NAME: _____ **SS#:** _____

FACILITY NAME: _____

FTO: _____

TCI IN-SERVICE TRAINING _____ _____
LOCATION **DATE**

DATES ATTENDED	COURSE TITLE	INSTRUCTOR	HOURS

_____
SIGNATURE OF FTO

_____
SIGNATURE OF SHERIFF/CHIEF of POLICE/ WARDEN

(CI-0049 REV 5-06)