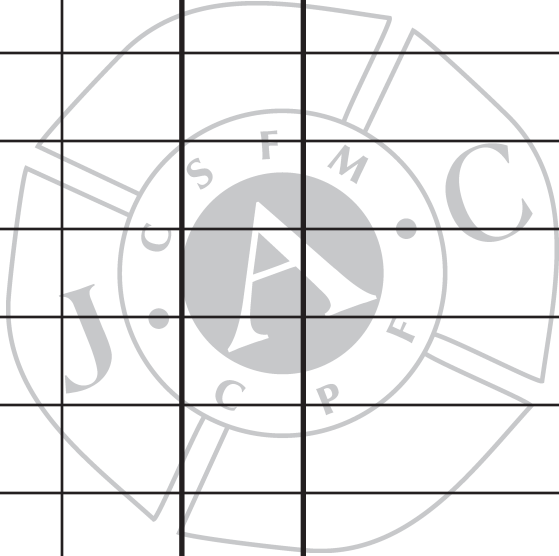


**CALIFORNIA FIRE FIGHTER JOINT APPRENTICESHIP COMMITTEE**  
*Training Reporting Form*

MONTH/YR \_\_\_\_\_ NAME \_\_\_\_\_ JAC ID# \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_

DATE	Primary Subject	Specific Area of Study	Type of Training	Dept. Use Only	HRS	COMMENTS
<b>TOTAL HOURS</b>						



\_\_\_\_\_  
 EMPLOYEE

\_\_\_\_\_  
 SUPERVISOR

\_\_\_\_\_  
 INSTRUCTOR OF RECORD