STATE OF CALIFORNIA

DSM ATTENDANCE REGISTER CONTINUATION

DSM 101B (NEW 12-95)

DEPARTMENT OF GENERAL SERVICES
DOCUMENT SYSTEMS MANAGEMENT

STOP! *Before you sign in,*
please turn this sheet over and read the instructions on the reverse.

	NAME *(Last name, first name, middle initial)*	AGENCY NAME	MAILING ADDRESS *(Include Zip Code)* *(Include IMS Code if applicable)*	TELEPHONE NUMBER	INITIAL DAY 1	INITIAL DAY 2	INITIAL DAY 3

INSTRUCTIONS FOR CLASS ATTENDANCE ONLY

1. **NAME**—Find your name on the list. If it is not entered the way you want your training certificate made out, correct it.

   If you are substituting for someone, cross that person's name out and enter your own.

   If your name (or the name of the person for whom you are substituting) is not listed, use a blank space at the bottom of the list.

2. **ADDRESS**—Correct any error in your mailing address to make sure your Training Certificate reaches you. Include your Room Number, Interagency Mail Code and Mail Station, if any.

3. **INITIAL**—Initial the space for DAY 1. If this class meets for more than one day, the Register will be returned to you on subsequent days for initialing.