

CLASSROOM TRAINING ASSISTANCE (CTA)

**SIGNATORY SHEET
FORM #1401**

TO: FGCIA, INC., Workforce Development Services

FROM: _____
(Participant's Full Name)

RE: Instructor's Signatures and Initials and Schedule

DATE: _____

<u>COURSE PREFIX</u>	<u>INSTRUCTOR'S NAME</u> (Please Print)	<u>SIGNATURE</u>	<u>INITIAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>*COURSE NAME</u>	<u>TIMES OF CLASS</u> (Beginning and End)	<u>DAYS OF THE WEEK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** NOTE: IF YOUR SCHOOL ISSUES AN OFFICIAL SCHEDULE IT MUST ACCOMPANY THIS FORM. PAYMENT WILL BE MADE ONLY AFTER RECEIPT & APPROVAL OF THIS FORM, YOUR PARTNERSHIP AGREEMENT AND YOUR OFFICIAL SCHOOL SCHEDULE.**