Appendix 7 ***Do What’s Right* Course Roster** Page \_\_\_ of \_\_\_

The people listed below attended this course and completed the course exercises.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name (print clearly) | Signature | Job Title | Agency/Office | Supervisor |
| 1 |  |  |  |  |  |
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Facilitated by: Date: Phone Number: Location:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List the Scenarios used for this Session: | Section | A | B | C | D | E | F | G | H |
| At least one Scenario from Section C is required for each session. | Scenario |  |  |  |  |  |  |  |  |
| Prevention of Sexual Harassment (POSH) Module |  |  |

If you complete the POSH Module, send a copy to your State/Center EEO Manager to receive credit for the training.

Note: Please fax this completed form to Eileen Wallace at 208-387-5452 or email pdf to: ewallace@blm.gov and retain a copy with each employee’s training record.