

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2020

TO: **Utica Civil Service Commission**

NAME OF EMPLOYEE:
Sanders, Reginald J.

FROM: (Check only one)
 City County Town Village or District

ADDRESS: [REDACTED]

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY: [REDACTED]

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

Veteran Non-Veteran
 Disabled Veteran Exempt Volunteer Fireman

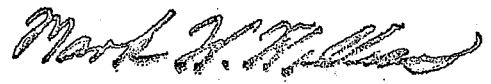
DATE OF BIRTH:

SOCIAL SECURITY NUMBER: [REDACTED]

	<i>Check Nature of Personnel Change</i>		<i>Date Effective</i>		<i>Action Necessary by Appointing Officer:</i>
			From:	To:	
A P P O I N T M E N T S	<input type="checkbox"/>	Permanent			Return report of Certification
	<input type="checkbox"/>	Provisional			Attach application (MSD-330)
	<input type="checkbox"/>	Temporary			State length of employment
	<input type="checkbox"/>	Substitute			Give facts under Remarks
	<input type="checkbox"/>	For Term of Office			Give facts under Remarks
	<input type="checkbox"/>	Permanent Promotion			Return report of Certification
	<input type="checkbox"/>	Provisional Promotion			Attach nomination
	<input type="checkbox"/>	Non-Competitive Class			Attach application (MSD-330)
	<input type="checkbox"/>	Exempt Class			Submit this form only
	<input type="checkbox"/>	Labor Class			Attach application (MSD-330)
T E R M I N A S	<input type="checkbox"/>	Resignation			Submit signed resignation
	<input type="checkbox"/>	Retirement			Give effective date
	<input type="checkbox"/>	Deceased			Indicate date
	<input type="checkbox"/>	Removal			Attach copy of proceedings
	<input type="checkbox"/>	Layoff (Lack of Work or Funds)			Give facts under Remarks
O T H E R C H A N G E S	<input type="checkbox"/>	Military Leave of Absence			Give facts under Remarks
	<input type="checkbox"/>	Other Leave of Absence	From:	To:	Give facts under Remarks
	<input type="checkbox"/>	Transfer			Give facts under Remarks
	<input type="checkbox"/>	Demotion			Give facts under Remarks
	<input type="checkbox"/>	Suspension			Give facts under Remarks
	<input type="checkbox"/>	Reinstatement			Give facts under Remarks
	<input type="checkbox"/>	Change in Classification			Give facts under Remarks
	<input type="checkbox"/>	New Position			Submit form MSD-222
	<input checked="" type="checkbox"/>	Change in Salary		4/1/20	Indicate new salary
	<input type="checkbox"/>	Change in Name			Give facts under Remarks
<input type="checkbox"/>	Other			Give facts under Remarks	

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/20+ longevity.



Appointing Officer

Title

Address

Chief of Police

Address change eff. 11/7/19.
New employee eff. 3/29/19, on payroll

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 11 DAY 07 YEAR 2019

TO: Utica Civil Service Commission		NAME OF EMPLOYEE: Sanders, Reginald J.	
FROM: (Check only one) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District		ADDRESS: [REDACTED]	
DEPARTMENT: Police Department		TITLE OF POSITION: Police Officer	SALARY: [REDACTED]
NAME AND TITLE OF LAST EMPLOYEE IN POSITION:		<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman	
		DATE OF BIRTH:	SOCIAL SECURITY NUMBER: [REDACTED]


	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
A P P O I N T M E N T S	<input type="checkbox"/> Permanent		Return report of Certification
	<input type="checkbox"/> Provisional		Attach application (MSD-330)
	<input type="checkbox"/> Temporary	From: To:	State length of employment
	<input type="checkbox"/> Substitute	From: To:	Give facts under Remarks
	<input type="checkbox"/> For Term of Office	From: To:	Give facts under Remarks
	<input type="checkbox"/> Permanent Promotion		Return report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach nomination
	<input type="checkbox"/> Non-Competitive Class		Attach application (MSD-330)
	<input type="checkbox"/> Exempt Class		Submit this form only
	<input type="checkbox"/> Labor Class		Attach application (MSD-330)
T E R M I O N N A S	<input type="checkbox"/> Resignation		Submit signed resignation
	<input type="checkbox"/> Retirement		Give effective date
	<input type="checkbox"/> Deceased		Indicate date
	<input type="checkbox"/> Removal		Attach copy of proceedings
	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
O T H E R C H A N G E S	<input type="checkbox"/> Military Leave of Absence		Give facts under Remarks
	<input type="checkbox"/> Other Leave of Absence	From: To:	Give facts under Remarks
	<input type="checkbox"/> Transfer		Give facts under Remarks
	<input type="checkbox"/> Demotion		Give facts under Remarks
	<input type="checkbox"/> Suspension		Give facts under Remarks
	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> New Position		Submit form MSD-222
	<input type="checkbox"/> Change in Salary		Indicate new salary
	<input type="checkbox"/> Change in Name		Give facts under Remarks
<input checked="" type="checkbox"/> Other	11/7/19	Give facts under Remarks	

Remarks: (Continue on back if necessary)

Address change eff. 11/7/19.

New employee eff. 3/29/19, on payroll
4/1/19.

Appointing Officer
Title
Address


Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2019

TO: **Utica Civil Service Commission** NAME OF EMPLOYEE: **Sanders, Reginald J.**

FROM: (Check only one) City County Town Village or District ADDRESS: [REDACTED]

DEPARTMENT: **Police Department** TITLE OF POSITION: **Police Officer** SALARY: [REDACTED]

NAME AND TITLE OF LAST EMPLOYEE IN POSITION: [REDACTED] Veteran Non-Veteran
 Disabled Veteran Exempt Volunteer Fireman

DATE OF BIRTH: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED]

	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
A P P O I N T M E N T S	<input checked="" type="checkbox"/> Permanent	3/29/19	Return report of Certification
	<input type="checkbox"/> Provisional		Attach application (MSD-330)
	<input type="checkbox"/> Temporary	From: To:	State length of employment
	<input type="checkbox"/> Substitute	From: To:	Give facts under Remarks
	<input type="checkbox"/> For Term of Office	From: To:	Give facts under Remarks
	<input type="checkbox"/> Permanent Promotion		Return report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach nomination
	<input type="checkbox"/> Non-Competitive Class		Attach application (MSD-330)
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T E R M I O N N A S	<input type="checkbox"/> Resignation		Submit signed resignation
	<input type="checkbox"/> Retirement		Give effective date
	<input type="checkbox"/> Deceased		Indicate date
	<input type="checkbox"/> Removal		Attach copy of proceedings
	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
O T H E R C H A N G E S	<input type="checkbox"/> Military Leave of Absence		Give facts under Remarks
	<input type="checkbox"/> Other Leave of Absence	From: To:	Give facts under Remarks
	<input type="checkbox"/> Transfer		Give facts under Remarks
	<input type="checkbox"/> Demotion		Give facts under Remarks
	<input type="checkbox"/> Suspension		Give facts under Remarks
	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> New Position		Submit form MSD-222
	<input type="checkbox"/> Change in Salary		Indicate new salary
	<input type="checkbox"/> Change in Name		Give facts under Remarks
<input type="checkbox"/> Other		Give facts under Remarks	

Remarks: (Continue on back if necessary)

New employee eff. 3/29/19, on payroll
4/1/19.

Appointing Officer
Title
Address

Mark Miller
Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By
Date

(Date)



Utica Police Department

Compliment/Complaint Form

413 Oriskany St. West

Utica, N.Y. 13502

Instructions: If you would like to praise a Utica Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing it to the address given at the top of this page or by returning it to the Utica Police Department.

If you are filing a complaint, please indicate the type of complaint you wish to file.

- **Formal Complaint:** Involves a serious allegation of misconduct, to be officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.
- **Informal Complaint:** Involves a minor complaint or concern, for informational purposes only and will not be formally investigated. However the matter will be discussed with the employee(s) involved.

I wish to file a (please check one): Compliment Formal Complaint Informal Complaint

Information about you

LAST NAME [REDACTED]		FIRST NAME [REDACTED]	M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT# [REDACTED]		CITY [REDACTED]	STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -		SEX (circle one) M

Are you filing this on behalf of someone else? Yes No If Yes, please complete this section

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX (circle one) M F
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE () -	WORK / CELL PHONE () -	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT [REDACTED]		DATE OF INCIDENT 05 / 03 / 20	APPROXIMATE TIME OF INCIDENT 10:46 AM
WITNESS LAST NAME	FIRST NAME	AGE	SEX (circle one) M F
WITNESS ADDRESS	CITY	STATE	PHONE () -
NAME OR ID# OF OFFICER OR EMPLOYEE Officer Reggie Sanders 7447		NAME OR ID# OF OFFICER OR EMPLOYEE	

Nature of action: Check all that apply

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input checked="" type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

Statement of Facts: (Describe in detail the action(s) of the officer(s) that led you to file this compliment/complaint and sign and date below in the space provided.)

Greetings,

This is to inform you that I received a call from [REDACTED] who resides on [REDACTED] called today (05/03/2020) and complimented Officer Sanders on how professional and polite Officer Sanders was while rectifying a parking complaint in his block.

[REDACTED] wanted this passed along to Officer Sanders' supervisors.

A note has been placed in Officer Sanders' e-file.

Stay Safe and Well

Sam Geddes

False or incorrect statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law.

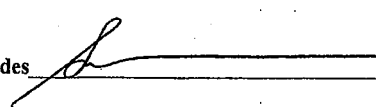
I attest under penalty of perjury, that the above information is true and correct to the best of my recollection.

Signature: _____ Taken over the phone _____ Date: 05 / 03 / 2020

FOR DEPARTMENT USE ONLY: To be completed by the Supervisor or Unit receiving or initiating a complaint

Signature of Supervisor receiving/initiating the complaint

RMS# 20-14419

Officer: Sgt S. M. Geddes  ID#: 3295 Date: 05/03/2020



**Homeland Security
and Emergency Services**

**State Preparedness
Training Center**

Certificate of Completion

Awarded to

Reginald Sanders

For completing:

**Initial Response to Active Shooters
September 9-10, 2019
17 hours**

Delivered at:

**State Preparedness Training Center
Oriskany, New York**



UTICA POLICE DEPARTMENT

OFFICE OF THE CHIEF OF POLICE

413 ORISKANY STREET WEST, UTICA, NEW YORK 13502
(315) 223-3400 Fax: (315) 223-3409



MARK W. WILLIAMS
CHIEF OF POLICE

EDWARD NOONAN
DEPUTY CHIEF

STIPULATION and AGREEMENT

WHEREAS, Reginald Sanders is a probationary police officer employed by the City of Utica, and

WHEREAS, Reginald Sanders was appointed to that position on March 29, 2019 and

WHEREAS, Reginald Sanders did not successfully complete his field training in the allotted 12 weeks which resulted in an extension of his field training and

1. Reginald Sanders agrees to serve an additional probationary period in accordance with and as defined by the provisions of the New York State Civil Service Law. Said additional Probationary Period will expire on March 29, 2021.
2. Reginald Sanders agrees and represents that he has read each and every provision of this Agreement, knows and fully understands the contents thereof and signs this Agreement willingly, freely, without duress and without reservation whatsoever.

Dated: 26th Day of March 2020

Reginald Sanders

Edward Noonan


Deputy Chief of Police

PROBATIONARY REPORT

To Appointing Officer:

Please complete this form in triplicate:

- Forward original to the Civil Service Commission.
- Give one copy to the employee.
- Retain one copy for your files.

DATE THIS REPORT DUE:	The Civil Service Commission requires that this report be filed <u>two weeks</u> prior to the end of the probationary term. See date probationary term ends below.	
EMPLOYEE'S NAME: <i>Reginald Sanders</i>	DATE OF APPOINTMENT: <i>4/1/19</i>	
SOCIAL SECURITY NUMBER: 	DEPARTMENT OR AGENCY: <i>Utica Police Dept.</i>	
STATUS/TITLE OF POSITION: <i>Police Officer</i>	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(AorB):		<i>1 year</i>
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM:		<i>5</i>
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED:		<i>365</i>
DATE PROBATIONARY TERM ENDS:		<i>4/1/20</i>
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS:		<i>4/2/20</i>

CERTIFICATE OF APPOINTING OFFICER:

I hereby certify that the probationer has been observed and it has been found that the conduct, capacity, and fitness of the probationer is:

SATISFACTORY. Employee will be retained as a permanent employee. Employee has served (Maximum) (Shortened) probationary period. Minimum probationary period is usually eight weeks, except in the case of trainee positions (12 weeks) and Police Officer (26 weeks).

UNSATISFACTORY. Employee will be discharged or returned to prior permanent position.

- Copy of letter to employee attached.
- Copy of letter to employee to be submitted.

Probationary Period extended 1 year - S.V.

Edward Noon

 Authorized Signature
Edward Noon

 Print Name
Deputy Chief

 Title

I have received a copy of this form.

[Signature] *3/31/20*

 Signature of Employee Date

City of Utica



Utica, New York

To The City Clerk of Utica

As provided by Section 12 of the Second Class Cities Laws, I hereby certify that

Name: *Reginald J. Sanders*

Address: [REDACTED]

Telephone:

has this day been appointed to the position of Police Officer

in the department of *Public Safety- Bureau Of Police*

the term to commence *03/29/2019*

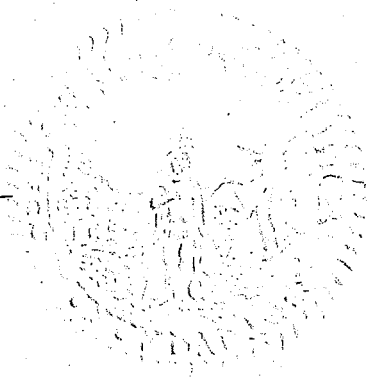
the term to end

filling unexpired term of (if applicable)

Signed

Mayor

Title of Official



COPY

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and verify. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)		First Name (Given Name)		Hide Initial	Other Last Names Used (if any)	
[REDACTED]		[REDACTED]		J		
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write in This Space.</p>

Signature of Employee <i>[Handwritten Signature]</i>	Today's Date (mm/dd/yyyy) 3/29/19
---	--------------------------------------

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019



Employee Info from Section 1	Last Name (Family Name) SANDERS	First Name (Given Name) ROBINALD	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title SS CARD
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 4/1/19 (see instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 4/1/19	Title of Employer or Authorized Representative OFFICE MANAGER	
Last Name of Employer or Authorized Representative TASIOR	First Name of Employer or Authorized Representative DONNA M	Employer's Business or Organization Name UTICA POLICE DEPT	
Employer's Business or Organization Address (Street Number and Name) 413 ORISKANY ST W	City or Town UTICA	State NY	ZIP Code 13508

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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Training Course Summary

Print Date: June 26, 2020

Course Information

<u>Course NO</u> 2019000000050	<u>Title</u> 2019 November inservice defensive Tac	<u>Type</u> In Service	<u>Credits</u> 0.00	<u>Hours</u> 8.00	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u> Defensive tactics/ CIT/Sexual Harassment / Critical Incident and continuity / Supervisor performance Eval training
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Course Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	11/04/2019 08:00	11/04/2019 16:00		
	11/08/2019 08:00	11/08/2019 16:00		
	11/12/2019 08:00	11/12/2019 16:00		
	11/14/2019 08:00	11/14/2019 16:00		
	11/18/2019 08:00	11/18/2019 16:00		
	11/22/2019 08:00	11/22/2019 16:00		

Instructor

Instructor Reserve Date Course Category Serial ID Notes

Training Course Summary

Print Date: June 26, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
202000000002	2020 February in-service	In Service	0.00	8.00			CPR recert/ DVI/ Workplace Violence/Sexual Harassment

Course Schedule

<u>Schedule</u>	<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
		02/04/2020 08:00	02/04/2020 16:00		
		02/10/2020 08:00	02/10/2020 16:00		
		02/12/2020 08:00	02/12/2020 16:00		
		02/20/2020 08:00	02/20/2020 16:00		
		02/24/2020 08:00	02/24/2020 16:00		
		02/26/2020 08:00	02/26/2020 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>

Training Course Summary

Print Date: June 26, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000001	2020 January inservice	In Service	0.00	8.00			Discovery/Bail reform/UOF

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		01/07/2020 08:00	01/07/2020 16:00		
		01/13/2020 08:00	01/13/2020 16:00		
		01/15/2020 08:00	01/15/2020 16:00		
		01/21/2020 08:00	01/21/2020 16:00		
		01/23/2020 08:00	01/23/2020 16:00		
		01/29/2020 08:00	01/29/2020 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes

