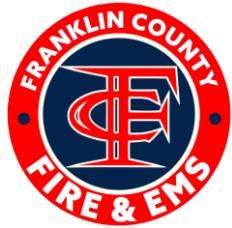


INSTRUCTOR COMPENSATION FORM



Franklin County Public Safety
50 Claiborne Ave
Rocky Mount, VA 24151
540-483-3091 Fax 540-483-3086

Public Safety Use Only

Received on _____

Approved on _____

Approved by initials _____

Instructor Name:

Address:

Last four digits of SSN :

City, State, Zip:

Email:

Phone #:

Instructor Signature:

Date:

Training Coordinator Signature:

Date: