ACT 48 SIGN IN SHEET

A.M. P.M.

(Circle One)

School/Presenter _____

Date _____

Name _____

Type In-Service ____Workshop___Other _____

Hours _____

Teachers Or Substitutes Attending

Substitutes Must Provide SS # for Credit

Print Name	Signature

*Please make a copy and send it to Human Resources as soon as possible after the inservice**. Employees not signed in will not get credit for this inservice**.

HARASSMENT IN-SERVICE
SIGN-IN
11/23/05
ADMINISTRATORS/TEACHERS ONLY

PRINT NAME	SIGNATURE

HARASSMENT IN-SERVICE
SIGN-IN
11/23/05
SUPPORT STAFF ONLY

PRINT NAME	SIGNATURE

HARASSMENT IN-SERVICE
SIGN-IN
11/23/05
SUBSTITUTES ONLY

PRINT NAME	SIGNATURE