

SIGN IN SHEET for Teachers
ACT 48 Hours

School/Location _____

Presenter's Name(s) _____

Subject/Title of Training _____

Type: In-Service ____ **Training** ____ **Other** _____

Hours ____ ***** **Date** _____

***PDE requires Act 48 credit hours to be entered as a half day = 3 hours, or full day = 6 hours**

Check a.m./p.m. box
for each session attended

| Print Name (legibly) | ✓ am | ✓ pm | <i>Signature</i> |
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Please make a copy and submit to Human Resources as soon as possible.

Act 48 hours are submitted using this information, please make sure that it's legible and accurate