Inservice/Training
SIGN IN SHEET
INSTRUCTIONAL AIDES ONLY
(Circle One) A.M. or P.M.

School/Location _____

Presenter's Name(s) _____

Subject/Title of Training _____

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

Hours _____ **Date** _____

Print Name (legibly)	**Signature**

*Please make a copy and submit it to Human Resources as soon as possible after the event**.**
Employees not signed in will not get credit for these professional development hours.