**BRADFORD COUNTYSCHOOL DISTRICT \_\_\_\_**\_ **-- \_\_\_\_\_ SY** $0 Stipend – **100.6400.120.9015** 

To **FINANCE** \_\_\_ / \_\_\_ / \_\_\_ LP/PP

 **In-service Attendance Roster of Participants**

**Workshop Title:**

Component #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting/Ending Times: \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Participation Hours \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Follow-Up Due: \_\_\_\_\_\_\_\_ Data Elements**:** \_\_\_\_\_-- \_\_\_\_\_-- \_\_\_\_\_-- \_\_\_\_\_ - \_\_\_\_\_ Trainer’s Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(18)**

**NAME (please print clearly)**

**School/**

**Cost Center EXAMPLE:**

**~~ID #~~**

**(For Stipend Only)**

Position

**I**– Instruc. **N**–Non-

In the space below, put your INITIALS under dates of attendance EXAMPLE**: JD** for Jane Doe

**EXAMPLE: Jane Doe**

**EXAMPLE DATE DATE DATE DATE DATE DATE**  Instruct

**BHS**

**1234**

**A**– Admin.

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