

**THIS FORM IS FOR ALL OTHER TEACHERS,
please do not include the SLO Lead Teacher.**

Requires:
Principal's Signature

Please TYPE:
CAMPUS CREATED SRN #

Please TYPE:
Contact Name – Campus Admin

Please TYPE:
LOCATION # (With Leading Zeros)

Please add "X" to Box

Please TYPE:
Name of Campus

Please TYPE:
Sign-In Sheet Room #

Please TYPE:
Campus Training Time

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
***Professional Development Department Sign-In Sheet**

In-Service Title: **IA SLO Professional Development (Teachers)**
 Date: **Saturday August 10, 2024**
 SRN: **[Redacted]**
 Contact Person: **[Redacted]**
 Administrators Signature: **[Redacted]**
 Campus/Program: **[Redacted]**
 Site: **[Redacted]**
 Audience: **Teachers**
 No. of CPE Hours: **6**
 On Contract
 Off Contract
 Stipend

	Employee Number	Name (PRINT)	Location No.	Signature	IN	OUT	IN	OUT
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Please PRINT:
Employee ID#

Please PRINT:
Employee Name (First Name Last Name)

Please PRINT:
Location #

REQUIRES Employee Signature

Please PRINT:
Times you took a break for lunch on Saturday, August 10 ONLY

Please PRINT:
Time you started (SAME TIME FOR EVERY TEACHER)

Please PRINT:
Time you ended (exactly 2 hours later) or (exactly 6 hours or later depending on lunch break on August 10) (SAME TIME FOR EVERY TEACHER)