

Professional Development Sign-In Sheet

(Revised September 2007)

Course/Conference Information:

Title: _____ Provider: _____

Description: _____

Location: _____ Number of PD hours: _____

Date: _____ Start Time: _____ End Time: _____ Leadership Hours: Yes No

If the provider is an employee of the Whitley County School District, please select method of compensation: PD hours Payment Regular Work Day

NOTE: To receive payment, the employee must have prior approval from the Principal and must submit the Extra Service Pay Invoice with this sign-in sheet. Payment cannot be received if the individual is receiving work time or PD hours.

The staff members listed below attended the above course and should receive the indicated number of Professional Development hours.

Printed Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
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22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____