

\$0 Stipend – 100.6400.120.9015
To FINANCE ___ / ___ / ___ LP/PP

BRADFORD COUNTYSCHOOL DISTRICT
In-service Attendance Roster of Participants



___ -- ___ SY

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) EXAMPLE: Jane Doe	School/ Cost Center EXAMPLE: BHS	ID # (For Stipend Only) EXAMPLE 1234	Position I- Instruct. N- Non- Instruct A- Admin.	In the space below, put your INITIALS under dates of attendance EXAMPLE: JD for Jane Doe					
					DATE	DATE	DATE	DATE	DATE	DATE