



LOWNDES COUNTY PUBLIC SCHOOLS
Workshop Attendance Verification

Site _____

Session Title _____

Presenter/Facilitator _____

Date _____ Time _____

	Name (Print)	Signature	Employee Number	Assigned Site	Time In	Time Out
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Principal/Supervisor/Director _____

Date _____