

# Sumter County School Board - Verification of Participation - Multiple Day Roster

Training Title \_\_\_\_\_ Presenter \_\_\_\_\_ Location \_\_\_\_\_

**Send to Professional Learning office along with an agenda and evaluations.**

Start/End Times \_\_\_\_\_

#	Name	ID#	Day 1 Date  Total Time	Day 2 Date  Total Time	Day 3 Date  Total Time	Day 4 Date  Total Time	Day 5 Date  Total Time	Day 6 Date  Total Time	Day 7 Date  Total Time	Day 8 Date  Total Time	Day 9 Date  Total Time	Day 10 Date  Total Time	Total Hours
1													
2													
3													
4													
5													
6													
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Component # \_\_\_\_\_

Posted by \_\_\_\_\_

Posted on \_\_\_\_\_

REV 10/2023