

# Sumter County School Board Training Roster

Title \_\_\_\_\_ Date \_\_\_\_\_ Start/End Times \_\_\_\_\_

Presenter \_\_\_\_\_ Location \_\_\_\_\_

#	Employee ID#	Employee-Print	Employee-Signature	Hours
1				
2				
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Send to Professional Learning office along with an agenda and evaluations.

Rev. 10/2023

Component # \_\_\_\_\_

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

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