

Sumter County School Board

Verification of Attendance

Submit to the Professional Learning Office:

- *Roster
- *Agenda
- *Evaluations.

Title of Training: _____ Presenter/Leader: _____
Location: _____ Date: _____ Start/End Time: _____

| # | Employee ID # | Print Name | Hours | # | Employee ID # | Print Name | Hours |
|----|---------------|------------|-------|----|---------------|------------|-------|
| 1 | | | | 21 | | | |
| 2 | | | | 22 | | | |
| 3 | | | | 23 | | | |
| 4 | | | | 24 | | | |
| 5 | | | | 25 | | | |
| 6 | | | | 26 | | | |
| 7 | | | | 27 | | | |
| 8 | | | | 28 | | | |
| 9 | | | | 29 | | | |
| 10 | | | | 30 | | | |
| 11 | | | | 31 | | | |
| 12 | | | | 32 | | | |
| 13 | | | | 33 | | | |
| 14 | | | | 34 | | | |
| 15 | | | | 35 | | | |
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| 17 | | | | 37 | | | |
| 18 | | | | 38 | | | |
| 19 | | | | 39 | | | |
| 20 | | | | 40 | | | |

Component # _____ Posted by _____ Date posted _____