



Staff Development Sign-In Sheet

Topic _____

Presenter _____

Date: _____ Time: _____ Place: _____

Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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Date: _____ Time: _____ Place: _____

Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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Date: _____ Time: _____ Place: _____

Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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Name (Please print)	Signature	School/Department	Employee I.D.	P.M. Initials
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