

Professional Learning Activity Sign-in Sheet

This document should only be used if you are unable to print or access the PLAN sign-in sheet for this activity.

Course Title and Number:				
School/Site:			Date:	
Presenter: (Person teaching the content of the class)			Instructor: (Person issuing credit on PLAN)	
	PRINT EMPLOYEE NAME	MUNIS NUMBER	POSITION	EMPLOYEE SIGNATURE
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