# *Tyler Independent School District*

## Campus Professional Development Sign-in Sheet

**Name of Training** _____

**Date of Training** _____

**Location of Training** _____

**Time of Training** _____

**Presenter** _____

**Credit/Hours for Participants** _____

**Approved by** _____

| **NAME OF PARTICIPANT** (Please print your name.) | **EMPLOYEE ID #** | **CAMPUS** |
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**Campus Professional Development (continued)**

| NAME OF PARTICIPANT | EMPLOYEE ID # | CAMPUS |
|---|---|---|

**(Please print your name.)**