



**Catoosa County Schools
Individual Professional Learning Program
Attendance Verification Form
PL Form 2**

Directions: This form should be used if no other attendance form is available. The instructor for the PL activity should ONLY complete Part A of this form. . **Reimbursement of registration fee(s) and payment for the substitute will occur upon completion of PL Attendance Form (Form 2) or other attendance verification within 30 days of activity.**

PART A

Name of Participant _____ School _____

Title of Activity

Munis Number

Date of Activity

Contact Hours

I verify that the above named person attended the activity listed for the number of hours listed.

Signature of Instructor or Program Official

Date

Title or Position

PART B

AREA BELOW FOR CLASSIFIED OR NON-CERTIFIED ONLY
Do not use the mastery verification form below if an on-the-job evaluation will be used to complete the Professional Learning procedure.

ACTIVITY OBJECTIVES

Signature of Instructor or Attendance
Verification Designee

Date