

**SUPPLEMENTAL PAY ATTENDANCE LOG
ALL FUNDING SOURCES**

This form is intended for:
*Single employee use / overtime
Multiple staff activities during the school year and summer

Sign in logs should be maintained for all events, regardless of funding source

A. EVENT DESCRIPTION: _____

EVENT LOCATION: _____

This form is not complete until the Principal / Administrator has signed the certification at the end of the Attendance Log

B. ATTENDEES

Employees signing the attendance form certify that they have participated in the event during the date indicated and the time verified by the employee sign-in and sign-out times.

To be completed by Principal / Administrator

Employees sign their names as they arrive and at the end of the event / session. No one shall sign in / out for any other employee.

EVENT DATE(S): _____

EVENT BEGINNING TIME: _____

EVENT ENDING TIME: _____

	DATE	PRINTED EMPLOYEE NAME	EMPLOYEE ID#	SIGN-IN (ORIGINAL INK)		SIGN-OUT (ORIGINAL INK)		POSITION
				SIGNATURE	SIGN-IN TIME	SIGNATURE	SIGN-OUT TIME	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

This is to certify that the individuals in the positions listed have attended the PD or related event during the time and date indicated pursuant to the objective(s) of the funding source indicated.

C. PRINCIPAL / ADMINISTRATOR SIGNATURE: _____

DATE: _____

B. ATTENDEES

Employees signing the attendance form certify that they have participated in the event during the date indicated and the time verified by the employee sign-in and sign-out times.

To be completed by Principal / Administrator

Employees sign their names as they arrive and at the end of the event / session. No one shall sign in / out for any other employee.

EVENT DATE(S): _____

EVENT BEGINNING TIME: _____

EVENT ENDING TIME: _____

	DATE	PRINTED EMPLOYEE NAME	EMPLOYEE ID#	SIGN-IN (ORIGINAL INK)		SIGN-OUT (ORIGINAL INK)		POSITION
				SIGNATURE	SIGN-IN TIME	SIGNATURE	SIGN-OUT TIME	
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								

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EVENT DATE(S): _____

EVENT BEGINNING TIME: _____

EVENT ENDING TIME: _____

	DATE	PRINTED EMPLOYEE NAME	EMPLOYEE ID#	SIGN-IN (<i>ORIGINAL INK</i>)		SIGN-OUT (<i>ORIGINAL INK</i>)		POSITION
				SIGNATURE	SIGN-IN TIME	SIGNATURE	SIGN-OUT TIME	
30.								
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								
46.								
47.								

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DATE: _____