

INDEPENDENT PROFESSIONAL DEVELOPMENT ACTIVITY SIGN-IN SHEET

(Attach proof of approved activity and submit to Professional Development)

Title (Attach flyer/description/proposals)		
Date:	A=Administrator	
Credit:	C=Classified	
Time:	F=Faculty	
Presenter:	Phone#	

	Social Security No.	First Name	Last Name	A	C	F	Phone#
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RETURN TO:
 Professional Development, 31 Gough Street, Room 31, San Francisco, CA 94103
 Tel: (415) 241-2346, Fax (415) 241-2371

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