School District of Amery
Training/Meeting Sign-in Sheet

Name of Training/Meeting: _____

Print Name	Signature	Choose One:
1.		❑ Pay -OR- ❑ PDHs
2.		❑ Pay -OR- ❑ PDHs
3.		❑ Pay -OR- ❑ PDHs
4.		❑ Pay -OR- ❑ PDHs
5.		❑ Pay -OR- ❑ PDHs
6.		❑ Pay -OR- ❑ PDHs
7.		❑ Pay -OR- ❑ PDHs
8.		❑ Pay -OR- ❑ PDHs
9.		❑ Pay -OR- ❑ PDHs
10.		❑ Pay -OR- ❑ PDHs
11.		❑ Pay -OR- ❑ PDHs
12.		❑ Pay -OR- ❑ PDHs
13.		❑ Pay -OR- ❑ PDHs
14.		❑ Pay -OR- ❑ PDHs
15.		❑ Pay -OR- ❑ PDHs
16.		❑ Pay -OR- ❑ PDHs
17.		❑ Pay -OR- ❑ PDHs
18.		❑ Pay -OR- ❑ PDHs
19.		❑ Pay -OR- ❑ PDHs
20.		❑ Pay -OR- ❑ PDHs

Date of Class: _____   **Start Time:** _____   **End Time:** _____

Account: _____   ☐ Hourly Wage   - OR -   ☐ Specific Amount: _____

Administrator Signature: _____