## Sign in Sheet - Professional Development Hours **Process During School Closures**

- 1. Enter the Course/Workhop Title, Presenter/Facilitator Name and Date.
- 2. Identify the Sponsoring Organization and other requested information.
- 3. Type or print your first and last name and the building where you serve.
- 3. I you have access to a printer, print the document and the building where you serve.

  4. If you have access to a printer, print the document and then sign in ink in the designated column. If you do not have access to a printer, type your name in the signature column.

  5. In the PD@CSD column, enter the number of hours you attended the course. (Course must have been accessed outside of contracted hours; If you know your remaining PD allocation, enter a number within that amount. If you're not sure, enter the total number of hours attended and payroll will verify.)

  6. If this is a PD@CSD course, enter the number of clock hours in the Clock Hour column. This will serve as the "sign-in" sheet for clock hours. If this is not a PD@CSD course,
- follow the directions provided by the course instructor/organization.
  7. Send this form to Kari Swanson by either: a) sending the hard copy to ZAC, attn: Kari Swanson\*; or b) use the "share" button to share this google sheet with Kari Swanson.
  8. Claim your clock hours (if offered for the course) by completing the process through ESD pdEnroller.

- \* If you are sending a hard copy to Kari via mail, the address is: Kari Swanson, Zellerbach Administration Center (ZAC), 841 NE 22nd Ave., Camas, WA 98607.

Course/Workshop Title:								
Presen	ter/Facilitator Name:		Date:					
Sponsoring Orga	anization: (Select belo	w)						
Camas School District If sponsored by CSD: PD@CSD Course #:								
ESD 112  ESD other than ESD 112:*  An Oregon ESD:*					(To verify the course only. Participants who want clock hours from the ESD still must sign in with the ESD and complete clock hour paperwork.)			
The Office of Su	perintendent of Public Inst	ruction (OSPI)*						
Camas Educatio	n Association (CEA), WE	A Riverside Uniserv, or Washington Education	Association (	NEA) - [Circle	which one]*			
Professional Edu	ucator Association (e.g., N	ational Council of Teachers of Mathematics, A	merican Scho	ol Counselors	Association):*			
Name:								
Other Professional Organization (e.g., Center for Strengthening the Teaching Profession, College Board, Center for Teaching Quality):*  Name:								
A certificate of completion provided by the event sponsor; A copy or digital photo of the sign-in sheet for attendance at the event; A copy of a completed, signed clock hour form from the event; A receipt or other paperwork verifying enrollment/attendance/participation; If you have alternative forms of verification, please confirm their acceptability with the distirct office to ensure compensation.								
TYPE or PRINT first name	TYPE or PRINT last name	If you are able to PRINT this form, please SIGN below in ink  If you are not able to print this form, TYPE your name below to signify your signature.	Building	Role (Certified or classified)	PD@CSD: Number of hours outside of contracted hours (within your remaining PD allocation)	Clock Hours: If the course qualified for clock hours, please enter the number of hours completed	Reserved for Payroll	
In order to be paid from your 14-Hour Allocation, <u>your name needs to be readable.</u>								
1								
2								
3								
4								
5								
6								
	ari Swanson at ZAC. ee Approval Signature:							