



**LOWNDES COUNTY PUBLIC SCHOOLS**  
**Workshop Attendance Verification**

Site \_\_\_\_\_

Session Title \_\_\_\_\_

Presenter/Facilitator \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

	Name (Print)	Signature	Employee Number	Assigned Site	Time In	Time Out
1						
2						
3						
4						
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24						
25						

Principal/Supervisor/Director \_\_\_\_\_

Date \_\_\_\_\_