



# Continuing Education Clock Hours Sign-In Sheet

For Spokane Public Schools Staff Only

Title of Inservice Offering: \_\_\_\_\_

Session: \_\_\_\_\_ of \_\_\_\_\_

Instructor: \_\_\_\_\_

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

Location: \_\_\_\_\_

Clock Hours for Today's Session: \_\_\_\_\_

Section Number: \_\_\_\_\_

Clock Hours Possible for Course: \_\_\_\_\_

Time In	Time Out	ID #	Print Name	Signature	Work Site

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_