

Staff and Organizational Development



SIGN IN SHEET FOR FLEX CREDIT

Activity Title: _____

Flex Credit: _____ hrs

Date: _____

Presenter: _____

Time: _____

Location: _____

	Last Name	First Name	Department	Employee ID #						Signature
1										
2										
3										
4										
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15										

Please submit to the Staff & Organizational Development office in the Learning Resource Center.