Student Affairs Training Participants' Sign-In Sheet

Department:	Training Topic:
Instructor(s):	Location:
Date:	Time: From_____ to _____

We are legally required to maintain records regarding our training activities. Please assist us by providing the information indicated below to document your attendance. Thank you.

Name (please print your full legal name)	**Nickname**	**Department**	**Location**	**Official Payroll Title**	**Signature**

NOTE: Please attach a copy of the agenda and training materials to this document for file.