

Verification of Attendance
Inservice Hours

Instructions: **Prior** to attending an inservice for payment of hours, please verify with your office coordinator that you have hours available (25 annually) to claim. Once you have completed the hours, submit the information below, with the verification of attendance, (if using a copy of your clock hour form please write 'verification only' on clock hour form) to your supervisor and/or office coordinator for approval, recording and submission to payroll for payment.

Reminder: This **Will Not** be used for clock hours.

Please Print in Ink

Name: _____ Date: _____ Budget Year: _____

Class/Workshop Title: _____

Was this Inservice during a regular workday? YES NO
Circle One

Date(s) and Time(s) in Attendance at Inservice: _____
(Time in class sessions)

Total Number of Hours in Attendance: _____ **Total Hours Claiming for Reimbursement:** _____

I, _____, verify I was in attendance at the above conference.
(Signature)

Code: _____

Office Use Only

Office Coordinator Verification of Recording of Hours: _____ Date: _____

Supervisor Approval: _____ Date: _____