Verification of Attendance
Individual School and System Activity Form
McIntosh County Professional Learning

(Circle One) **TG** **OGIS** **MCMS** **MCA** **DPS** **BOE**

Participant's Name_____

Certified _____ **Classified** _____

Title of Activity	Date	Time Started	Time Ended	Total Time	Instructor's Signature

Title of Activity	Date	Time Started	Time Ended	Total Time	Instructor's Signature

Total Hours = _____ 10 Hours = 1 PLU ----- Total PLU's earned _____

Give a brief description with examples and evidence of how you implemented strategies or best practices from the Professional Learning you attended.

Staff Signature_____ Date_____

McIntosh County Professional Learning
Non-District Activity Form

Directions for Receiving PLU Credit

Note: The conference or workshop that you plan to attend must directly relate to your day job responsibilities in order to receive PLU Credit.

(1) Complete the Personnel Data and the Activity Information section on this form.
(2) Attach a copy of the approved In-Service/Business Trip Request Form.
(3) Attach a copy of the Conference/Workshop Agenda.
(4) Send to the Professional Learning Office (Dr. Kirby – BOE)for approval at least on week prior to the conference.
(5) Take the approved Non-District Activity form to the conference and complete the Verification of Attendance section located on the back of this form.
(6) complete the On-the Job Utilization section.

Personal Data

Name _____Social Security #_____
Last *First*

School_____ Subject/Grade_____

Position (please check one)___Leadership___Teacher__ Service___Parapro___Other

Activity Information

Title_____

Instructor_____Location_____

Date(S)_____Time_____

I hereby certify this person for participation in the above activity for PLU Credit.

_____ _____
Professional Learning Director's Signature Date of Approval

Please see back of form for Verfication of Attendance and On-the-Job Utilization

Documentation of the On-the –Job Utilization

Note: PLU Credit will not be issued if this section below is not completed.

Give a brief description of what you learned at this workshop.

How was the information gained from this conference shared with others?

Who did you share this information with?

Date of On-the Job Activity (Observation by administrator):_____

Principal's Signature_____

Note: Staple this form to PLU Individual Verification Form