Meetings & Trainings Attendance Record

Submit completed forms to Wendeth.rauf@ccd.edu, tlc@ccd.edu, or CHR224

Event Title: _____Date: _____

Please check all that may apply

FLC ☐   College Event ☐   Department Meeting ☐

Committee Meeting ☐   Training ☐   Curriculum/OER ☐

Onboarding ☐   Assessment ☐   Development ☐

Event Coordinator: _____ Signature: _____

Please Attach an Agenda and/or Workshop Deliverable to this Form

Attendee (PLEASE PRINT)	S#	FT-Faculty/ Adjunct/Staff	Supervisor	Total Hours

Attendee (PLEASE PRINT)	S#	FT-Faculty/ Adjunct/Staff	Supervisor	Total Hours

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