## Meetings & Trainings Attendance Record

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

Event Title:		Date:		
Please check all that may	apply			
□ FLC	□ Committee Meeting	□ Onboarding		
🛮 College Event	□ Training	☐ Assessment		
□ Department Meeting	☐ Curriculum/OER Development			
Event Coordinator:		Signature:		
	Please Attach an Agen	da and/or Worksho	p Deliverable to this	Form
Attendee (PLEASE PR	RINT) S#	FT-Faculty/ Adjunct/Staff	Supervisor	Total Hours

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

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

.