



CONTINUING EDUCATION ACTIVITY LOG

INSTRUCTIONS:

- Submit this form when you have completed 50 continuing education units
- Attach documentation of your completion of the continuing education units
- Pay increases will become effective twice a year on September 1st and March 1st

FULL NAME _____

ID # _____

| DATE | TITLE OF COURSE/WORKSHOP | NUMBER OF HOURS ATTENDED | NUMBER OF CEU'S RECEIVED |
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The courses/workshop listed above and the attached proofs of attendance are evidence of my personal attendance. My signature confirms that the submission is accurate.

Employee Signature

Date

Supervisor Signature

Date

To be completed by District Office

Request is: **APPROVED** **NOT APPROVED**

Comments: _____

Superintendent Signature: _____ **Date:** _____

Total Units: _____ *Stipend Amount:* _____

Effective Date: _____ *Total Stipend:* _____