Save
Reset
Print

KANSAS CITY KANSAS PUBLIC SCHOOLS
ATTENDANCE REGISTRATION FOR IDP POINTS

Inservice Activity Name: _____

(PLEASE be Specific about the content of the inservice)

Inservice Presenter(s): _____ Employee ID#: _____

_____ Employee ID#: _____

Date(s) of Inservice: _____ Time(s) of Inservice: _____

School **AND** Location: _____

(put "District" if District wide Inservice)

ALL AREAS ABOVE MUST BE COMPLETED.

Signature	Name (Please Print)	Employee ID#:

(OVER FOR MORE SIGNATURE LINES)

For Office Use Only

Date Received _____

Date Entered _____

Activity # _____

_____

Signature of Principal, Presenter OR IDP Representative

Return **ORIGINALS** Only to:
HUMAN RESOURCES DEPARTMENT ●
ATTENTION: TANYA DAVIS

Signature	Name (Please Print)	Employee ID#