MANDATORY FLEX DAY SIGN-IN SHEET

Please return these completed sign-in sheets to the Office of the President.

Location of Workshop _____ Time of Workshop _____

Fall / Spring (Circle One) Semester 20_____

Name of Workshop_

NAME (print clearly)	(Chec Part	k one) Full			FACULTY SE CHECH	K ONE		Check here if you are a CLASSIFIED ADMIN		ADMIN	SIGNATURE
	Time	Time	A&H	BSSL	PATH	Counseling	STEM	presenter			

NAME (print clearly)	Part	k one) Full		PI	FACU LEASE CH	LTY IECK ONE		Check here if you are a CLASSIFIED		ADMIN	SIGNATURE
	Time	Time	A&H	BSSL	РАТН	Counseling	STEM	presenter			

NAME	(Check one)				FACU	LTY		Check here			
(print clearly)	Part Full		PLEASE CHECK ONE					if you are a CLASSIFIED ADM	ADMIN	SIGNATURE	
	Time	Time	A&H BSSL PATH Counseling STEM					presenter			

NAME (print clearly)	(Check one) Part Full		FACULTY PLEASE CHECK ONE					Check here if you are a	CLASSIFIED	ADMIN	SIGNATURE
	Time	Time	A&H BSSL PATH Counseling STEM					presenter			

NAME	(Check one)				FACU	LTY		Check here			
(print clearly)	Part	Full	PLEASE CHECK ONE					if you are a CLASSIFIED	ADMIN	SIGNATURE	
	Time	Time	A&H	BSSL	PATH	Counseling	STEM	presenter			

NAME (print clearly)	(Chec Part	k one) Full		1	FFAC			Check here	CLASSIFIED	ADMIN	SIGNATURE
(print clearly)		Time	PLEASE CHECK ONE A&H BSSL PATH Counseling ST					presenter			SIGNATURE