Professional Development

2018-2019

_____/_____ _____

Employee's Signature Printed Date PDE ID #

Do not leave blank

Date	Title of Training Session	# HOURS		
	Check your home Building			
	___SR ___MS ___PE ___OSC			
	APPROVAL #			
	Total			

Timesheet will be returned if it does not have an approval # on it.

_____Date_____

Principal/Supervisor Signature

BUDGET CODE: _____

Payroll Date _____