

FOR PROFESSIONAL DEVELOPMENT HOURS PLEASE COMPLETE TIME IN & TIME OUT  
SUFFOLK COUNTY LIBRARY ASSOCIATION

ATTENDANCE SHEET

MEETING \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ DIVISION SPONSOR \_\_\_\_\_

Name (SIGNATURE)	Name (PRINT)	Library	Email
Time In:		Time Out	
Time In:		Time Out	
Time In:		Time Out	
Time In:		Time Out	

This is an **all-day** webinar/conference. By providing us with your time in and time out we can ensure that you receive all the Professional Development Hours you are entitled to. **Failure to fill time in and time out will result in a credit of 1 hour.** Thank you.

**ATTENTION NEW ATTENDEES:** Please contact Teri Hatred at 286-1600 x1314 or e-mail [sclshr@suffolk.lib.ny.us](mailto:sclshr@suffolk.lib.ny.us) to set yourself up in the SCLA professional development database. Full name and social security number will be required at that time.