Page 1

Professional Learning Incentive Program Group Credit Report Form

For LESPA or Local 1010/IUPAT Bargaining Unit Employees

ACTIVITY TITLE:		LOCAT	Sections A, B, C, and D must			
ACTIVITY TITLE: Date(s):	Year:	Time(s):	Credit Hours:	be completed for credit to be awarded.		
Contact Person:				awar ded.		
Trainer/Presenter:						
Section A: List the Support Personnel posi	tions eligible for pay incentiv	re credit due to the content	of this workshop (example: se	cretaries, bookkeepers, etc.):		
Section B: Describe the knowledge and/or	skills gained by the participa	ants in this workshop:				
Section C. Explain how participants are exp	pected to use their new knov	vledge and/or skills in their	· jobs. Be specific about each e	ligible position described in Section A.		
Ai	ttach an agenda which sh	nows topics and hours fo	or each day of the workshop	,		
D. The LCS administrator or L	CS training facilitator resp	onsible for this worksho	p must verify the following co	entract conditions:		
Workshop participants are	in regular (not OPS) LESPA	or 1010 positions.				
Credit earned in this works	shop will not be used to certif	y participants for hourly sa	lary increases provided in other	contract sections.		
This activity is not enabling	g the employee to meet minir	mum qualifications for their	position/s.			
This workshop is related to	the employee's job duties.					
Participants were in attend	lance for the hours indicated	on the attached roster.				
Credit is to be awarded as	indicated on the attached ro	ster.				
The above statements ha	ave been verified as true by	y:				
		Clamatura	of LCC Administrator or LCC Ma	orkohan Fasilitatar Data		

Signature of LCS Administrator or LCS Workshop Facilitator

Date

LEON COUNTY SCHOOLS – SUPPORT PERSONNEL GROUP INSERVICE CREDIT REPORT/SIGN-IN SHEET

WORKSHOP TITLE:	"CC" - Completion Code - Must Be Completed
I OCATION.	 Completed all credit requirements of the activity.
LOCATION:	 2. Participated in activity, but did not complete all requirements.
WORKSHOP DATES:	_ 3. Withdrew from activity.
	Does not meet contractual criteria for credit.

NON-INSTRUCTIONAL PERSONNEL ONLY			Indicate	Initial for attendance if workshop is more than one session							
			employment status: 10 month	Date	Date	Date	Date	Date	CC See Above	Credit Hours	
				12 month or OPS	Time	Time	Time	Time	Time		
	Participant's Name PLEASE PRINT	REQUIRED Personal ID # (PID) Points will not be posted without PID#	School								
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

LEON COUNTY SCHOOLS – SUPPORT PERSONNEL GROUP INSERVICE CREDIT REPORT/SIGN-IN SHEET

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LOCATION.	 Completed all credit requirements of the activity.
LOCATION:	2. Participated in activity, but did not complete all requirements.
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NON-INSTRUCTIONAL PERSONNEL ONLY			Indicate	Initial for attendance if workshop is more than one session							
			employment status: 10 month 12 month or OPS	Date	Date	Date	Date	Date	CC See Above	Credit Hours	
				Time	Time	Time	Time	Time			
	Participant's Name PLEASE PRINT	REQUIRED Personal ID # (PID) Points will not be posted without PID#	School								
11.											
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