

Professional Development Continuing Education CONFIRMATION OF ATTENDANCE

This is confirmation that		
(Please print name)	(Department)	
Course Attended:		
Instructor's Signature	D	ate

Important note to CCCD Employee: You must have the instructor sign and date this form to confirm that you were in attendance; failure to do so could result in your department being charged for this class.

Please return signed form to Vicki York, Human Resources, CHEC, Room 339 or fax to 972-985-3778.

Thank you!!