



Sign-In Sheet

Department/Site:			
Facilitator(s):			
Date:	From:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Purpose: AB 1825 Sexual Harassment and Prevention Training / District Sexual Harassment Policy			
<input type="checkbox"/> Meeting	<input checked="" type="checkbox"/> Training	<input type="checkbox"/> Other:	

By signing the sign-in sheet below, the participant is acknowledging that the participant has received and read the district's Sexual Harassment policy.

Print Name	Signature	Title	Department/Site