Sacramento City Unified School District

Sign-In Sheet

Department/Site:				
Facilitator(s):				
Date:	From:	☐ a.m. ☐ p.m.	To:	☐ a.m. ☐ p.m.
Purpose:				
☐ Meeting	☐ Training	☐ Other:		

Print Name	Signature	Title	Department/Site