



Facilities & Auxiliary Services
Policy/Program/Meeting Sign-In Form

I, employee's name, see below have received a review of this policy/program by a member of management. I have received a copy of this policy/program and understand its content.

Date: _____ Time: _____

Topic: _____

Objective:

Meeting Program Contents: _____

Handouts/Equipment Used: Presented By: Where Presented: _____

Presented By: _____

Where Presented: _____

Attendance Names and Signatures

- | | | |
|----|--------------------|-----------|
| 1. | _____ | _____ |
| | Print Name Clearly | Signature |
| 2. | _____ | _____ |
| | Print Name Clearly | Signature |
| 3. | _____ | _____ |
| | Print Name Clearly | Signature |
| 4. | _____ | _____ |
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| 7. | _____ | _____ |
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8.	Print Name Clearly	Signature
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30.	Print Name Clearly	Signature
31.	Print Name Clearly	Signature