

Guidance & Counseling Department

Conference/Workshop Time Log Sheet

Conference/Workshop: _____

Date: _____

Counselor's Name: _____

Campus: _____

Date	Conference/Workshop Comments (Optional)	Time In	Time Out	Hours
Total Hours Attended:				

I certify that the above hours are true and accurate.

Counselor Signature: _____ Date: _____

Principal/Supervisor
Signature: _____ Date: _____