Colton-Redlands-Yucaipa ROP
Sign-in Sheet

CHECK ONE:			EVENT/MEETING: _____ DATE: _____ TIME: _____				OFFICE USE ONLY		
Management	Certificated	Classified	Print Name	Signature	Time IN	Time OUT	Total Hours (Staff Dev)	Total PAID Hours (Payroll)	Reimburse for Staff Dev- (Teachers & Inst. Aids ONLY)

Verify all information is legible and complete. Attach supporting documentation to this form. Sign and date, then submit to the PSS for processing.

Submitted by: _____ *Date:* _____ *Event Code:* _____

Approved by: _____ *Date:* _____

Accounting Code: _____

Payroll Notes:

EVENT CATEGORIES	CODE
Advisory	A
Conference / Workshop	CW
Curriculum Development	CD
Grant Funded	GF
Information Technology	IT
Staff In-service	SI
Strategic Action Plan	SAP
Target Safety Training	TST
Teacher Induction Program	TIP