

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

Participant Roster

Pg ___ of ___

Activity Title:					Content Area:					Contact Person:						
Sponsoring School/Dept:				Location:				Beginning Date:			End Date:		In-service Hours:			

	Name (Please Print)	Cost Center	Duty Pts	Salary Credit Pts	Date__	Date__	Date__	Date__	Date__	Date__	Date__	Date__	Duty Time Pts	Sal Pts	Total Pts		
					Initial	Initial	Initial	Initial	Initial	Initial	Initial						
1																	1
2																	2
3																	3
4																	4
5																	5
6																	6
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24																	24

***Salary points are earned only during non-duty time when not paid.**

Instructor or Supervisor's Name (Print) _____ **Signature** _____ **Date** _____