

HARRISON COUNTY SERVICE EMPLOYEE

INDIVIDUAL'S CONTINUING EDUCATION SUMMARY

Service Employee Name: _____

Classification: _____ School or Location: _____

Employee Identification Number: _____ School Year: _____

RECORD OF CONTINUING EDUCATION

Title of CE Session	Location of Session	Date of Session	Presenter of Session	CE Hours Earned

I attest that I have completed the required 18 hours of Continuing Education as recorded above.

Signature: _____ Date: _____

Signature of Principal/Supervisor: _____ Date: _____

SUBMIT SUMMARY TO: SERVICE STAFF DEVELOPMENT @ County Office