

Talbot County Public Schools  
P.O. Box 1029  
Easton, MD 21601

**WORKSHOP ATTENDANCE REPORT**

Title of Workshop: \_\_\_\_\_ Date(s) of Workshop: \_\_\_\_\_

Account Number (16 Digits): \_\_\_\_\_

**Participants: All information in the first four columns below must be completed to receive payment.**

Participant's LEGAL Name (Please Print)	Participant's Initials	Employee ID Number	School	Amount (Supervisor to complete)

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Coordinator:**  
**Coordinator must indicate total pay per participant. If the workshop was for more than one day, attach a Workshop SUMMARY Report listing all participants and their Social Security Number (one sheet per day).**

Revised: 11/16/04