



Fayette-Greene-Washington

## DOCUMENTATION OF ATTENDANCE AT A NON-REPORTED ACT 48 ACTIVITY

**INSTRUCTIONS:** Complete this form for any workshop/training provided by an approved Provider but the Provider is not reporting Act 48 hours to the Pennsylvania Department of Education. Have the Instructor sign the form and submit the original to the Instructional Support Services Office, One Intermediate Unit Drive, Coal Center, PA 15423.

Name of Staff: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Professional ID Number:

Social Security Number: \_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

Clock Hours: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature / Date