Course: Title Location: Your Building Clock Hours: Up to 20 or actual time Instructor: Your name Meeting Time(s):Varying or real time Location or Varying		Department: Curriculum and Assessment DATES below and TIMES above													TOTAL by June 30, 2007	oy June 30, 2007				
Number of registrants: (Y/N)																			=	Ę
Employee ID	Name	Location	Classification	Signature	Clock Hours	k rs														
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