



**Plant some seeds.**

**Kenmore Staff Development Center  
155 Delaware Road  
Kenmore, New York 14217  
(716) 874-8403, ext. 32600**

**Elaine Ablove, Director**

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**VERIFICATION OF ATTENDANCE  
FOR CAREER CREDIT HOURS EARNED AT AN  
OFFSITE WORKSHOP/COURSE  
2019-20 SCHOOL YEAR**

This is to verify that the following person attended the below listed workshop/course as indicated:

**NAME:** \_\_\_\_\_

**EMPLOYEE ID NUMBER:** \_\_\_\_\_

**WORKSHOP/COURSE TITLE** \_\_\_\_\_

**DATE(S) OF ATTENDANCE** \_\_\_\_\_

**TOTAL NUMBER OF HOURS ATTENDED:** \_\_\_\_\_

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PLEASE REMIT THIS COMPLETED FORM TO THE KENMORE STAFF DEVELOPMENT CENTER, KENMORE MIDDLE SCHOOL, 155 DELAWARE ROAD, KENMORE, NY 14217, ROOM 108 AT THE COMPLETION OF THE WORKSHOP/COURSE YOU ATTENDED.**