Sacramento City Unified School District

# Sign-In Sheet

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|---|---|---|---|---|
| Department/Site: | | | | |
| Facilitator(s): | | | | |
| Date: | From: | ☐ a.m. ☐ p.m. | To: | ☐ a.m. ☐ p.m. |
| Purpose: | | | | |
| ☐ Meeting | ☐ Training | ☐ Other: | | |

| Print Name | Signature | Title | Department/Site |
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