Facilities, Real Estate & Auxiliary Services

Policy/Program/Meeting Sign-In Form

I, employee’s name, see below have received a review of this policy/program by a member of management. I have received a copy of this policy/program and understand its content.

Date: ___________________________ Time: ___________________________

Topic: ___________________________

Objective: _________________________________________________________

Meeting Program Contents:___________________________________________

________________________________________

Handouts/Equipment Used: Presented By: Where Presented: ___________________________

Presented By: _________________________________________________________

Where Presented: _______________________________________________________

Attendance Names and Signatures

1. ___________________________ ___________________________

   Print Name Clearly Signature

2. ___________________________ ___________________________

   Print Name Clearly Signature

3. ___________________________ ___________________________

   Print Name Clearly Signature

4. ___________________________ ___________________________

   Print Name Clearly Signature

5. ___________________________ ___________________________

   Print Name Clearly Signature

6. ___________________________ ___________________________

   Print Name Clearly Signature

7. ___________________________ ___________________________

   Print NameClearly Signature

8. ___________________________ ___________________________

   Print Name Clearly Signature