PROFESSIONAL GROWTH INCENTIVE PROGRAM
VERIFICATION OF ATTENDANCE

Date: ____________________

This will verify that _____________________________________ attended the class
Name
or seminar listed below on ___________________________ for a total of ________
Date
hours (to exclude all breaks, maximum of 8 hours per day).

Course Title:_______________________________________________________

Instructor’s Printed Name: ____________________________________________

Instructor’s Signature: ________________________________________________

Sponsored by: ________________________________________________________

Note to Employee: Attach the following and submit with your Employee
Increment Worksheet.

      _____ Copy of the workshop or seminar agenda.

      _____ Copy of the Travel & Conference form, if applicable.

This form is to be used only if transcripts, certificates, letters, etc. are not available.