PSC | PENSACOLA STATE COLLEGE

Workshop: _____

Date: _____

Time: _____

Room: _____

Faculty and Staff Sign-In

Please (legibly) print your name, ID #, dept., extension, and employee classification in the space provided.					
NAME (print)	**ID # (8 numbers)**	**DEPT.**	**EXT.**	**CLASSIFICATION (Staff or Faculty)**	**SIGNATURE**

If you did not pre-register for this workshop, please (legibly) print your name, ID #, dept., and extension in the space provided.