



**MABANK INDEPENDENT SCHOOL DISTRICT
COMP TIME**

Employee Name: _____ Title _____

Campus: _____

Summary of COMP Time (proposed)

Date	Title of Session	Location	Presenter

Approved: _____
Campus Principal
Date
Employee
Date

Employee and campus principal each keep copy of form.

Upon completion of training sessions, employees complete the following and return to campus principal along with written verification of attendance (example: workshop certificate, copy of agenda, letter, college transcripts, etc.) for each session attended.

Briefly describe the COMP time activity attended or instructed. Include how it directly relates to your job assignment and to your campus instructional objectives.

Date	Title of Session	Description and relation to job assignment

I verify that this report is a true and accurate record of my work on the dates and times listed above.

Employee's signature Date Principal's signature Date

Form distribution upon completion: _____ Employee _____ Campus _____ Personnel