Ozarks Technical Community College
Professional Development - 2018
Staff and Administration

Name:

Fill in the number of hours completed
(partial hours can be entered - ie. 1.25, 1.5)

Date of Activity	Activity	Professional Improvement	College / Academic Involvement	Community Involvement	Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

2018 Professional Development Totals	0.00	0.00	0.00	0.00

Please save this document to a secure place where you can access it throughout the year.
This form should be submitted to your supervisor at evaluation time.