



**Union County Educational Services Commission
Professional Development Hour Log
2017 - 2018 School Year**

Staff Name: _____ Title: _____

School/Program: _____ Tenure Status: _____

ACTIVITIES	DATES	HOURS	DOCUMENTATION

Total number of hours completed in 2017 - 2018: _____

Staff Person's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Please submit a copy of the Professional Development Log with the Annual Summary Evaluation packet.