

number:

number:

Form

Universal Cover Sheet for All Scan Forms

Please complete <u>all</u> fields in the first two sections and <u>use uppercase print</u> to write letters (i.e., ABC). Thank you!

- Extension Faculty			
First Name:			
Last Name:			
Lead County or Look for the 3-digit code next to your county or unit name Are you part of the OYes			
Unit Number: in the Personnel Directory <u>CEP Headquarters</u> use 517 CEP (1890) Program? O No			
if a <u>multi-county</u> event, please include the other			
counties codes here:			
About the Activity			
Title of the Activity:			
Date of Activity: TExAS Plan Number TExAS Task Number			
Type of Plan: CEUs Offered: Was this a Partial Cost Zip Code Where the			
O Outcome O Pesticide Recovery (PCR) Activity? Activity Occurred:			
O Output O Other	O Yes		
O Organizational support O CEUs <u>not</u> offe	red O No		
(Please enter an exact number even if you			
How many individuals attended this event?			
Type of activity: State Goal:			
O Field Day / Tour O Goal 1 (Educate Texans for Improving Their Health, Safety, and Well-Being)			
O Demonstration O Goal 2 (Agriculture, Natural Resources, Economic and Environmental Education)			
O Group educational event			
O Workshop O Other			
Is economic benefit for the participant one of the explicit goals of the program?			
O Yes O No (Note: If left blank, this will be coded as "no")			
— Office Use Only MAIL FORMS AND THIS COVER SHEET TO:			
Batch MAIL FORMS AND THIS COVER SHEET TO: Paul Pope			THIS COVER SHEET TO:

(Use 999 for online)

Extension Organizational Development 600 John Kimbrough Blvd., Room 236 College Station, TX 77843-2116