

**MY LEARNING PLAN  
SAMS INFO**

NAME \_\_\_\_\_

PPID NUMBER \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**ID BADGE**

Badge # \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

Parking Pass #: \_\_\_\_\_

**Vehicle #1**

Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

**Vehicle #2**

Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

**TO BE COMPLETED BY DISTRICT OFFICE**

MLP Login \_\_\_\_\_ MLP Password \_\_\_\_\_ Date \_\_\_\_\_

**SAMS  
Substitute/Absence System**

SAMS Login \_\_\_\_\_ SAMS Password \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call me at ext. 3227 or email [atitano@nhsd.org](mailto:atitano@nhsd.org).  
Please return form to Ann Titano (district office).