

**MY LEARNING PLAN  
SAMS INFO**

NAME \_\_\_\_\_

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

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

SCHOOL \_\_\_\_\_

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

**VEHICLE INFORMATION**

**Vehicle #1**

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

**Vehicle #2**

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

**TO BE COMPLETED BY DISTRICT OFFICE**

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

**SAMS  
Substitute/Absence System**

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

If you have any questions, please call me at ext. 3227 or email  
[mbrookshaw@nhsd.org](mailto:mbrookshaw@nhsd.org). Return form to MB Brookshaw (district office)