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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  Respectful Human Resources for Rural Librarians | | | | | | | | | | |
| Description of Program  Rural library directors and management face many of the same employer challenges as larger libraries – as well as a few unique ones. However, they also have the added challenges of fewer HR professionals and resources to help as well as living and doing their day-to-day business in the same community as the people and patrons they manage.  This session will address the basics that librarians need to know to keep themselves and their governing bodies out of legal hot water, best practices to manage a small part-time and volunteer staff for professional library services, and available resources to help you and your team thrive.  Participants Will:  - Develop best practices to manage a small part-time and volunteer staff  - Discover resources | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/27/2022 | | To *Mo./Day/Yr.*  1/27/2022 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  Wisconsin Public Library Systems, DPI | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |