

TEACHER/ADMINISTRATOR STIPEND FORM
Hamblen County Schools

Name _____

School _____

Activity Name _____

Activity Date _____

Activity Location _____

Funding Source (check one) Title I _____ Title II _____ Title IID _____ Local _____

Please fill in the bottom accurately.

<u>Date:</u>	<u>Beginning Time</u>	<u>Ending Time:</u>	<u>Total Hours:</u>
--------------	-----------------------	---------------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours for Stipend _____

The hours claimed for reimbursement by stipend of \$17.14/hr. will not be claimed for inservice, compensatory time, college credit, or occur during the regular school day. My signature verifies that the information on this form is true.

Signature _____ Date _____

Principal's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Only when the appropriate supervisor and the principal have preapproved activities will stipends be paid.