

Professional Learning Stipend Request

Requests to receive stipends for attending Professional Learning on non-paid time should be preapproved by the superintendent or designee.

Staff Name:

Request to Receive Stipend for Attending (completed by staff member before event):

Date(s) of Course/Event:
Name of Course/Event:
Total Number of Anticipated Professional Learning Hours:

PreApproval (completed by supervisor):

PreApproved by: (signature required)
Date:

Post-event Staff Member Assurance (completed by staff member after event):

I assure that I attended this Professional Learning opportunity as indicated below.	
Staff Signature Required:	Date:
Total Number of Actual Professional Learning Hours Attend for this Event:	

District Office Use ONLY		
Signature of Supervisor for final approval:	Number of Hours:	
Stipend Rates: \$100 per full day \$50 per half day \$14.29 per hr.		
Name of Program		
Account Number		
Stipend Amount		
Date Paid		