

Professional Development Stipend

**Must be a minimum of 3 hours for \$75 Payment
Must be a minimum of 6 hours for \$150 Payment**

WORKSHOP REGISTRATION DETAILS MUST BE ATTACHED

Campus/Dept. Name and Number							
Program Name							
Account #		-	-	-	-	-	-
Contact Name and Title							
Contact Phone #							
Monthly Salary Certified		Monthly Hourly Classified				Bi-Weekly Classified	
Regular Pay Loc.	Employee Name	Employee ID #	Job Description/Sports	Rate Per Day Or Hour	Total Days or Hours	Total Amount	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
<i>Date Composite was Received at Payroll:</i>					TOTAL		

List names by campus order then by alphabetical order Classified and Certified employees must be on separate forms

*****Signatures below certify that the information provided on this form are true, correct, and unpaid.*****

Verification/Approval of Composite, Pay Loc., Name, Emp. ID#, Description, Hourly Rate, Total Days/Hours and Total Amount.			
Campus/Department Administrator's Signature		Date:	

Verification/Approval of Composite, Total Amount and Budget Account Number.			
Budget Administrator's Signature:		Date:	
Title of Administrator:			

WORK SHOP REGISTRATION DETAILS MUST BE ATTACHED TO THE COMPOSITE