

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