Federal Programs PD Stipend Sign In Form

Form NP-B

NP School: _____ **Request #:** _____

Check Funding Source: ☐ **Title II** ☐ **Title IV** **Date:** _____ **Time:** _____

PD Activity: _____

This is to certify that the below individuals have worked 100% of their time during the period below for a Title II Professional Development Program.

***Attach Agenda**

DATE	PRINT FORMAL NAME	VENDOR I.D. #	SIGNATURE	CURRENT ADDRESS	TIME IN	TIME OUT	*FP Office Use Only*

School Administrator Signature: _____

Total # of Hours: _____ **@ $** _____ **Total Cost Per Teacher: $**_____

Federal Programs Director Signature: _____

Revised June 2021