Lewiston-Porter Staff Development Time Sheet

Payment for attendance at this workshop/work session will be authorized according to this summary attendance report form. Each employee must complete the information requested below. (Please make sure you sign or place your initials next to the information you record.) A new form must be used for more than 1-day workshops/work sessions. Completed time sheets are to be returned to the office of curriculum and instruction by the administrator/chairperson in charge of the workshop.

Date: _____ Staff Development Activity _____

Administrator/Chairperson in charge: _____ _____
(Printed Name) (Signature required to certify payment for times indicated below)

Name of Attendee (Please Print)	Start Time/ Initials	Finish Time/ Initials	Indicate X if you worked through lunch	**Total Time (hrs.) (minus Lunch)**	☒ One Only	Signature*
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	
					☐ Supplemental Pay & PDP/SED	

(Note #1: Current hourly rate of compensation for certified staff
(Note #2: Full-day = 6 hrs./half day = 3 hrs.)
(Note #3: Record time to nearest ¼ hour)
(Note #4: Unpaid time for lunch) *Please note that if you work through lunch, you must indicate accordingly or a half hour will be subtracted from your time submitted*

_____
(Immediate Supervisor/Building Administrator Signature)

_____
(Shared Administrator of Curriculum & Instruction Signature)

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(Note #1: $21.12 – 2012-13 hourly rate of compensation for certified staff)
(Note #2: Full-day = 6 hrs./half day = 3 hrs.)
(Note #3: Record time to nearest ¼ hour)
(Note #4: Unpaid time for lunch) *Please note that if you work through lunch, you must indicate accordingly or a half hour will be subtracted from your time submitted*

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