

**THIS FORM IS FOR ALL OTHER
TEACHERS, please do not include
the SLO Lead Teacher.**

Please TYPE:
Name of Campus and Location #

REPLACE XXX with **LOCATION #**
(Include Leading Zeros)

Please appropriately SELECT one of the following:

Elementary Supplemental Duty
High School Supplemental Duty
Middle School Supplemental Duty

Please TYPE:
Contact Name, Title, and Contact Phone #

Print Form

Brownsville Independent School District

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

09/19/2020

Elementary Supplement

Campus/Dept. Name and Number						
Program Name		TIA SLO Professional Development (Teachers)				
Account #		167 - 13 - 6117 - 00 - XXX - Y - 99 - 000 - 4				
Contact Name and Title						
Contact Phone #						
Monthly Salary Guaranteed	<input checked="" type="checkbox"/>	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.			Teacher	\$150.00	1.00	\$150.00
2.						\$0.00
3.						\$0.00
4.						\$0.00

Please TYPE:
LOCATION # (With Leading Zeros)

Please TYPE in
ALPHABETICAL ORDER:
LAST NAME, FIRST NAME

Please TYPE:
Employee ID#

Please TYPE:
**Type "1" if teacher worked 6 Hours
Type ".50" if teacher worked 3 Hours**

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:	

Requires:
Principal's Signature

Please date as:
8/19/2024