

Employee Name (Please Print)

Conferences & PD Participation Time Record

(Complete in <u>BLUE OR BLACK INK ONLY</u>; Please Print Legibly)
*ALL PD or PD Payment MUST be PRE-APPROVED by Teaching & Learning

Employee #

Name of Conference Attended	Date	Full Day	Half Day	Total	Additional Notes
	Total				
I declare under penalties of the law that this claim is just and correct and that no part of it has previously been paid.					
	•		-		Date:
Employee Signature:		P4(C;		pervisor signature:	
Budget Agent Use Only	<i>"</i> (1)	D. (16.17	" (t)
					# of Hours Rate of Pay
Account Code 2	# of Hours	Rate of Pay	Fin	al Approving Signature	:
Place note: All information is required for payment. Incomplete timesheets WILL REPETLIPNED to you for completed timesheets not received by the posted deadline will be paid on the next pay date. Thank you					