# Federal Programs Stipend Sign In Form

**FP 100-4A**

**School: _____ Approved Request #_____**

**Activity or Program: _____**

***Please indicate the program that applies to these stipends:***

☐ *Title I Tutorial*
☐ *Title I Professional Development*
☐ *Title II Professional Development*
☐ *Title III Tutorial*
☐ *Title III Professional Development Programs*
☐ *Title IV* ☐ *Safe & Healthy* ☐ *Well Rounded Education* ☐ *Technology PD/Technology Infrastructure*

***Attach Supplemental Pay Form S-507**

***Attach Agenda, if applicable**

**Sign in for Stipend Pay Documentation**

| **NAME:** **Please check one:** ☐ **Bus Driver** ☐ **Paraprofessional** ☐ **Substitute** ☐ **Teacher** | **Emp. I.D. #** | ****SECTION MUST BE HANDWRITTEN**** | | | |
|---|---|---|---|---|---|
| | | **Date** | **Time In** | **Time Out** | **Signature** |
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*This is to certify that the below individuals have worked 100% of their time during the period of _____through _____ _____ under the Title I Tutorial, Title I PD, Title II PD, Title III Tutorial or Title III PD Programs.*

**Principal's Signature:_____ Date: _____**