ATTENDANCE & SIGN-IN FOR COMPENSATED TIME

COPY OF AGENDA MUST BE ATTACHED

Meeting/Event Name_____ Date: _____/_____/_____

Description: _____ Time:_____ am/pm

_____

Rates of Pay: Compensated hourly rates outside of contractual hours.

In-Service (attend/preparation) $25
In-Service (presentation) $38
OAPSE 102 Hourly Rate

ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW. *Information must be legible, or payment will not be processed.*

Employee ID	Printed Name	Signature	Last 4 of SS#	# of Hours off Duty	Stipend Rate	Building Name	Total Amount Due

Total Stipend Amount $ _____

General Fund Funded _____ _____ _____ _____ _____ _____

FUND	**SPCC**	**FUNC**	**SUBJ.**	**IL**	**ACCT**
X	**XX**	**XXXX**	**XXXXXX**	**X**	**XXX**

Federal Grant Funded_____ _____ _____ _____ _____ _____
(non-general fund)

FUND	**SPCC**	**FUNC**	**OPU**	**IL**	**ACCT**
XXX	**XXXX**	**XXXX**	**XXX**	**XX**	**XXX**

Event Administrator's Printed Name: _____ Signature: _____ Date: _____