REVISED 1/11/ 2017

IBERIA PARISH SCHOOL BOARD

SIGN IN SHEET FOR STAFF DEVELOPMENT DURING THE WORK DAY

TITLE OF ACTIVITY: _____ **LOCATION OF ACTIVITY:** _____ **ACTIVITY DATE:** _____

START TIME: _____ **END TIME:** _____ **# OF HOURS:** _____ **ACCT. CODE:** -X- - 123 - - - -

CIRCLE PROGRAM: TITLE I-#84.010A TITLE I SI-#84.010A TITLE III-#84.365A TITLE II-#84.367A MIGRANT-#84.011A C PERKINS-#84.048 JAG-#93.558
OTHER FEDERAL_____ - CFDA#_____ OTHER NON-FEDERAL _____ IDEA B-#84.027A

EMPLOYEE NAME PRINT ONLY	SCHOOL/WORK LOCATION	EMP. #	EMPLOYEE SIGNATURE*	POSITION CIRCLE ONE		SUB NEEDED CIRCLE ONE		SUB TIME CIRCLE ONE	PROJECTED SUB AMT DUE
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
				T	P	Y	N	.25 .50 .75 1	$
								TOTAL	$

**I HEREBY CERTIFY THAT FOR THE DATES LISTED ABOVE, I SPENT 100% OF MY TIME ON THE PROGRAM INDICATED. THIS INFORMATION IS AN AFTER-THE FACT DETERMINATION OF THE TOTAL ACTIVITY AND ACTUAL EFFORT EXPENDED FOR THE PERIOD INDICATED, AND I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES.*

_____ _____
SIGNATURE OF PRINCIPAL OR SUPERVISOR **DATE SIGNED**

_____ _____
SIGNATURE OF PROGRAM SUPERVISOR **DATE SIGNED**

DURATION	T=TEACHER	P=PARA/AIDE
1/4 DAY (.25)	$ 22.50	$ 16.25
1/2 DAY (.50)	$ 45.00	$ 32.50
3/4 DAY (.75)	$ 67.50	$ 48.75
1 DAY (1)	$ 90.00	$ 65.00

****COMPLETED FORM & AGENDA MUST BE TURNED IN TO SUPERVISOR FOR APPROVAL WITHIN 5 WORKING DAYS UPON COMPLETION OF THE ACTIVITY.****