

IBERIA PARISH SCHOOL BOARD STAFF DEVELOPMENT ATTENDEE PAYMENT

****USE THIS FORM WHEN ALL EMPLOYEES WORK THE SAME AMOUNTS OF TIME ON THE SAME ACTIVITY.****

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

START TIME: _____ END TIME: _____ # OF HOURS: _____ ACCT. CODE: -X- 150 - - - - -

CIRCLE 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
PROGRAM: OTHER FEDERAL _____ - CFDA# _____ OTHER NON-FEDERAL _____ IDEA B-#84.027A

EMP. #	EMPLOYEE NAME PRINT ONLY	SCHOOL/WORK LOCATION	EMPLOYEE SIGNATURE*	POSITION CIRCLE ONE		PRESENTING CIRCLE ONE		PAY RATE	TOTAL AMT DUE
				T	P	Y	N		
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$
				T	P	Y	N	\$	\$

*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.

	TOTAL	\$
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SIGNATURE OF PRINCIPAL OR SUPERVISOR

DATE SIGNED

SIGNATURE OF PROGRAM SUPERVISOR

DATE SIGNED

TYPE OF ACTIVITY CHECK ONE:	POSITION	ATTENDING	PRESENTING
IN-SERVICE/ WORKSHOP	T=TEACHER	\$ 12.00	\$ 25.00
	P=PARA/AIDE	\$ 8.00	\$ 10.00
WORKING/ PLANNING	T=TEACHER	N/A	\$ 25.00
	P=PARA/AIDE	N/A	\$ 10.00

****COMPLETED FORM AND AGENDA MUST BE TURNED IN TO SUPERVISOR FOR APPROVAL BY THE LAST WORK DAY OF EACH MONTH.****
****CHECK FOR ACCURACY AND COMPLETENESS. ERRORS AND/OR OMISSIONS COULD CAUSE A ONE-MONTH DELAY IN PROCESSING.****

****TIME MUST BE WORKED IN .25 HOUR INCREMENTS.
MAX OF 7.5 HOURS/DAY****