SSS 26-27 STIPEND INSTRUCTIONS:

Please review to ensure you have filled out your portion of the form that is required:

Header:
* Full Name (Legal name as it appears on your WCS email)
* Employee Number
* Position/Title (your primary role with WCS)
* School/Location (where the work took place)

Section 1:
* Date worked: (MM/DD/YYYY format please) ***Please do NOT combine dates from multiple months on the same form!**
* Times worked: (HH:MM - HH:MM format please) - rounded to the nearest quarter hour (like timeclock does with time punches)
*Total Hours: (this should not include lunch break if taken on a full day)

Section 2:
* For most, you will check outside contract work (for all work performed outside your scheduled shift/Timeclock)
  * Stipends for in person trainings should never be submitted through this link, they should be filled out in person and given to trainer on the day of the training.
* Indicate if you are professional educator or classified
* Fill out the brief summary of activity performed. (Do not include student full names - please use initials only).
  Please do not submit multiple unrelated tasks on the same form. Example: When you may have worked outside your contracted hours by participating in an IEP Mtg but also providing extra-curricular support 1:1 for a student... please complete these on 2 separate forms.

Section 3:
Enter the total combined hours from each row in section 1 and enter it on "I certify the total of __#__ hours" which is above the employee signature area.

Type in your name & date then save it.. (There is no need to print out and collect approvals from your principal)

Then visit the Stipend Section of the SSS handbook.

https://sites.google.com/myplace.wcs.edu/wilcosss/sss-handbook/stipends?authuser=0

Upload the saved form in the link on this page.

Submit Stipends Here

SSS CO Staff will download your form and obtain all the required approvals from your school specialist or supervisor that are at Central Office for you.

WILLIAMSON COUNTY SCHOOLS – 26-27 STUDENT SUPPORT SERVICES

PROFESSIONAL DEVELOPMENT & WORK RELATED STIPEND CLAIM FORM

Must be completed in legal blue or black ink *AND* submitted within 30 days of claim date(s)

STAFF NAME: _____ **EMPLOYEE NUMBER:** _____

POSITION / TITLE: _____ **SCHOOL / LOCATION:** _____

DATES WORKED (ONE DATE PER LINE)	TIME(S) WORKED (CLOCK TIME I.E. 8-9:00AM; 2-3PM)	TOTAL HOURS COMPLETED FOR DATE

PLEASE CHECK IN FRONT OF ONLY ONE LINE		PLEASE CHECK IN FRONT OF ONLY ONE
☐	INSTRUCTOR OR FACILITATOR (OUTSIDE OF TYPICAL DUTIES)	◯ EDUCATOR OR ◯ CLASSIFIED
☐	ATTENDEE OR TRAINER (POSITION RELATED OR REQUIRED)	◯ EDUCATOR OR ◯ CLASSIFIED
☐	OUTSIDE CONTRACT WORK	◯ EDUCATOR OR ◯ CLASSIFIED
☐	OTHER:	◯ EDUCATOR OR ◯ CLASSIFIED

BRIEF SUMMARY OF ACTIVITY PERFORMED:

I certify that a total of _____ hours as documented above have been completed in performing this activity as approved in advance.

EMPLOYEE SIGNATURE DATE

SSS SPECIALIST SIGNATURE DATE

SSS DIRECTOR SIGNATURE DATE

BUDGET ACCOUNTING CODE *(FOR ADMIN USE ONLY):*

PLEASE SELECT THE APPROPRIATE BUDGET CODE			
	☐	**141-72220-519600-389-00-00-00-00**	**TRAINING**
	☐	**141-72220-518995-389-00-00-00-00**	**OUTSIDE CONTRACT WORK**
	☐	**OTHER:**	

SSS DEPT BUDGET LINE ASSIGNMENT (FOR ADMIN USE ONLY):

SST TRAININGS:
- ☐ *SST - Assistive Tech*
- ☐ *SST – Inst. Strategies*
- ☐ *SST - Behavior*
- ☐ *SST - OT/PT*
- ☐ *SST - Other*

OTHER TRAININGS:
- ☐ *Behavior*
- ☐ *Gifted*
- ☐ *Instruction*
- ☐ *Miscellaneous SpEd*
- ☐ *Grant:* _____

OUTSIDE CONTRACT WORK:
- ☐ *Eval & IEP Mtgs*
- ☐ *Extended School Year (ESY)*
- ☐ *Homebound*
- ☐ *IFK (Compensatory Services)*
- ☐ *Grant:* _____
- ☐ *Interpreting - ASL*
- ☐ *Interpreting - Translation*
- ☐ *Miscellaneous SpEd*
- ☐ *Student Extra Support*
- ☐ *Salary Line:* _____

STIPEND PAY DETAILS *(FOR ADMIN USE ONLY):*

(_____ DAYS @ _____DAY = $_____) **(_____HOURS @_____= $_____)**

SSS Ledger Entry: # _____ = $_____ **VERIFIED BY: _____ DATE: _____**