WILLIAMSON COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT & WORK RELATED
STIPEND CLAIM FORM

NAME: _____ **EMPLOYEE #**_____

SCHOOL: _____

Dates Worked	Times Worked	Total Hours Completed

Note: this activity is not a Career Ladder Extended Contract Activity. Please submit monthly or no later than 60 days.

PLEASE CHECK ONE:		**PLEASE CIRCLE ONE:**
	Instructor/Trainer/Facilitator	**Educator/Classified**
	Attendee/Training	**Educator/Classified**
	Outside Contract Work	**Educator/Classified**
	Summer School (SS) (extended contract SS use state form)	**Educator/Classified**
SUMMARY OF ACTIVITY PERFORMED:		

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

***All lines are to be completed in order for payment to be processed**

_____ _____ _____ _____
Employee Signature **Date** **School Principal/Director** **Date**

Budget Account: _____

Director:_____ **Date:** _____
(_____Days@ _____Day.= $_____)

(_____Hours@ _____Hour= $_____)

Revised 05/14