WILLIAMSON COUNTY SCHOOLS – STUDENT SUPPORT SERVICES

PROFESSIONAL DEVELOPMENT & WORK RELATED STIPEND CLAIM FORM

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

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

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

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
☐	SUMMER SCHOOL SS (EXTENDED CONTRACT SS USE STATE FORM)	☐ 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

SPECIALIST SIGNATURE DATE

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**

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

TRAINING:			*OUTSIDE CONTRACT WORK:*		
☐ *AT*	☐ *Literacy*	☐ *SST – A*	☐ *Evaluations / IEP Mtg*	☐ *IFK*	☐ *Interpreting / ASL*
☐ *Behavior*	☐ *Misc SpEd*	☐ *SST – B*	☐ *Homebound*	☐ *IFK Comp Ed*	☐ *Interpreting / Translation*
		☐ *SST – O*		☐ *Misc Co Work*	

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

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