

**STIPEND FOR COMPENSATED TIME**

**ATTENDANCE SHEET**

<b>RATES OF PAY: Compensated hourly rates</b>	
<b>Certificated Personnel:</b>	
Add's duties	\$23.00
In-Service (attend)	\$23.00
In-Service(preparation)	\$23.00
In-Service (presentation)	\$36.00
Summer School Teaching	\$42.00
OAPSE 100 Personnel	\$10.00
OAPSE 102 Personnel	\$10.00
OAPSE 617 Personnell	\$8.00

**Fund/School:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Meeting/Workshop Description:** \_\_\_\_\_

**ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW.** Information must be **legible** or payment cannot be processed.

NAME	SIGNATURE	Last 4 Of SS#	Cert. Or Class.	No. Of Hours Off Duty	Stipend Rate per Hour	Total \$ Amount Due (For Office Use Only)
<b>TOTAL STIPEND AMOUNT..... \$</b>						

OMB Circular A-87, Attachment B (8) (h) (4) states: “Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation...” As the supervisory official for \_\_\_\_\_, I hereby certify that the employees signed in above worked solely for the single cost objective covered by the Federal Fund for the time designated above.

\_\_\_\_\_ Federal Fund Administrator Signature

\_\_\_\_\_ **Administrator’s Signature**                      \_\_\_\_\_ **Account Number**                      \_\_\_\_\_ **Date**

Stipend Revised 6/11/2012-gfc