

Name: \_\_\_\_\_ Trimester: 1 2 3 (circle one)

Name of Enrichment Activity: \_\_\_\_\_

Amount of capped hours: (see your building principal if you do not know) \_\_\_\_\_

Enrichment stipend rate for 2015-16: **\$27.81/hour**

Date of Activity	Time of Activity	Description	Total Hours

**MUST BE SUBMITTED BY:**  
T1 = Friday Nov. 6 (payout November 20)  
T2 = Friday Feb. 26 (payout March 11)  
T3 = Tuesday May 24 (payout June 3 separate check)

**FINAL TOTAL of HRS.**

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Asst. Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[illegible]