STIPEND FOR COMPENSATED TIME

ATTENDANCE SHEET

RATES OF PAY: **Compensated hourly rates**

Certificated Personnel:	
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)
					TOTAL STIPEND AMOUNT……. $	

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**