

# Excess Levy Funded Staff Development

Name \_\_\_\_\_ Employee ID **94300** \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_

Discription of Training: \_\_\_\_\_

Date	Start Time	End Time	Hours	Notes
		<b>Total Hours</b>		
		<b>Rate of Pay</b>		
		<b>Total to be Paid</b>	<b>\$</b>	

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

*I hereby certify that the above record is a true and accurate summary of my work.*

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please enter location code and check appropriate box for you job

<b>Professionals</b>	11.00215.12213.114. _____	<input type="checkbox"/>	
<b>Professional - Special Ed</b>	11.00215.22213.114. _____	<input type="checkbox"/>	
<b>Service</b>	11.00215.12574.124. _____	<input type="checkbox"/>	1/7 of daily rate
<b>Service - Special Ed</b>	11.00215.22213.124. _____	<input type="checkbox"/>	1/7 of daily rate

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