Concordia Parish School Board

TIME SHEET FOR PROFESSIONAL DEVELOPMENT ACTIVITIES

ACTIVITY NAME _____

LOCATION _____ **DATE**_____

Participant's Printed Name	Signature	Employee number	School	Time In	Time Out	Hours	Rate	Total

******All sections must be completed prior to submission to the Central Office for approval and payment.******

FUNDING SOURCE (PLEASE CHECK) PREPARE SEPARATE SHEETS FOR EACH FUNDING SOURCE

☐ **Title I** ☐ **General Fund** ☐ **Reading First** ☐ **Adult Education** ☐ **Title IV** ☐ **Title II** ☐ **K-3 Reading & Math Initiative**

☐ **Special Education** ☐ **Title V** ☐ **LaTAAP** ☐ **Other** _____

TOTAL COST OF ACTIVITY _____ **ACCOUNT CODE** _____ **EIC CODE**_____

_____ _____ _____

Principal's Signature/Date **Director/Supervisor's Signature/Date** **Superintendent's Signature/Date**