ATTENDANCE & SIGN-IN FOR COMPENSATED TIME

Copy of Agenda Must Be Attached

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

Event/Meeting/ Workshop Name: _____ **Date:** ____/____/____

Description: _____ **Time:** _____ **am / pm**

_____

RATES OF PAY: Compensated hourly rates outside of contractual hours.

In-Service (attend/preparation)	**$23.00**
In-Service (presentation)	**$36.00**
102 Member Workshops	**$12.00**

EMPLOYEE ID.	PRINTED NAME	SIGNATURE	LAST 4 Of SS#	No. Of Hours Off Duty	Stipend Rate per Hour	School Bldg.	Total Amount Due
			TOTAL STIPEND AMOUNT= $				

State/Federal Grant Funded? **Yes** ◯ **No** ◯ **If Yes, 3 digit Fund number:** _____

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated…(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity…(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] , I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

Federal Fund Administrator's Printed Name: _____ ***Signature*** _____ ***Date:*** _____

GENERAL FUND:

1 digit Fnd	2 digit SPCC	Function	Subject	2 digit OPU	1 dig IL	3 digit Acct
___	____	_____	_____	_____	___	_____

Non-GENERAL FUND (Grant):

3 digit Fnd	4 digit SPCC	Function	3 digit OPU	2 dig IL	3 digit Acct
_____	_____	_____	_____	_____	_____

Event Administrator's Printed Name: _____ ***Signature*** _____ ***Date:*** _____

Revised Oct 19 lm