EAST CARROLL PARISH SCHOOLS
Staff Development Activities

Participant's Request for Payment

School: _____ Program: _____ Date_____

_____ has completed _____ hours of Staff Development Activities
(Teacher/Administrator/Para)

Staff Development Activities & Dates	**Presenters**	**Hours**
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____

_____ hours x _____ = _____ (Rate: $ 25.00 – Teachers; Paras: $ 15.00)

_____ _____
Signature of Supervisor/Administrator **Date**