NAME OF WORKSHOP: PLEASE CIRCLE: Curriculum/ Planning/ Training

WCPS WORKSHOP #: DATE(S) OF WORKSHOP:

Funds (Please Circle): Local or Grant: Grant Code_________ ASNCODE:______________

(Office Use Only)

Day One: Please print your name and school. Put a check under the current day.

Day Two, etc.: Check the appropriate day across from your name.

<table>
<thead>
<tr>
<th>EMP. #</th>
<th>Employee’s Name</th>
<th>School</th>
<th>Attended (Please check current day)</th>
<th>Workshop Dates</th>
<th>Total Days To Be Paid</th>
<th>Rate*</th>
<th>Amount Due</th>
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</thead>
<tbody>
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</tbody>
</table>

Total

Workshop Coordinator Signature / Date

*If rate is an amount other than $116.00, please indicate the amount in this column.

Approval by Shirleen Church / Date

For Payroll Department Use Only

ASN Code: ___________________________ PR#: ____________