2018 Professional Learning Pay Form

THE BOARD OF EDUCATION OF WORCESTER COUNTY
6270 WORCESTER HIGHWAY
NEWARK, MARYLAND 21841

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.

EMP. #	EMPLOYEE'S NAME PLEASE PRINT	SCHOOL	ATTENDED (Please ✓ current day) WORKSHOP DATES					TOTAL DAYS TO BE PAID	RATE* $116	AMOUNT DUE ($ Amounts Only)
									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#:________________**