

Cambridge Public Schools

Approval for Workshop & Training Activities

Use multiple pages if needed and number consecutively		
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This form is to be used to list all individuals to be compensated for participating in workshops or other training activities. A.) For workshops occurring in June at the end of the school year, where stipends are to be charged to the current fiscal year (June) budget, this form must be received by the Payroll Office no later than June 5. Payments will be made on the June 15 payroll based on the scheduled hours entered on this form, and charged to the current year. Any adjustments based on actual hours will be made in July, after actual workshop attendance is received, using the same form. July adjustments will be charged to the next fiscal year. B.) For all other workshops during the year, complete only the Actual section of the form after the workshop has been completed, and sign and submit to payroll. C.) This form replaces individual payment vouchers. Do not submit separate payment vouchers. D.) this form is an excel spreadsheet with automatic calculation of certain amount field and totals. Please fill out the form electronically and send an electronic copy (via e-mail attachment) to Payroll, in addition to printing and sending your signed original to Payroll.

School or Department

Workshop/Training Title

Dates of Workshop	
From	Thru

Participant		Complete this section for end-of-year workshops only										Total		Actual Dates and Hours		Total		Adjustment:								
Please Enter in Alphabetic Order		Scheduled Dates and Hours								Total		Actual Dates and Hours								Total		Actual vs. Scheduled				
Last Name	First Name	Dates: (MM/DD)→								Tot. Hrs.	Stipend Rate/Hr*	Pyt. Amt. (Hrs X Rate)	Dates: (MM/DD)→							Tot. Hrs.	Stipend Rate/Hr*	Pyt. Amt. (Hrs X Rate)				
		No of Hrs.→								-		-	No of Hrs.→								-		-	-		
		No of Hrs.→								-		-	No of Hrs.→								-		-	-		
		No of Hrs.→								-		-	No of Hrs.→								-		-	-		
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		No of Hrs.→								-		-	No of Hrs.→								-		-	-		
		No of Hrs.→								-		-	No of Hrs.→								-		-	-		
Total Scheduled Cost:→												-	Total Actual Cost:→												-	-

* Stipend rate/hour - \$40/hour for teachers, \$20/hour for paraprofessionals

Budget Codes to be Charged:	Account	Fund	Org	Prj/Grant	Amount
(Number of digits)	XXXXX	XXXXX	XXXXXX	SCXXXXX	
				SC	
				SC	
Total					-

Approved By:	Date:
(All pages must be signed and dated)	