



# Record of Time Worked (School Improvement/Model Schools Teacher Stipend)

Workshop \_\_\_\_\_ Trainer \_\_\_\_\_

BOCES Contact Person \_\_\_\_\_

**INSTRUCTIONS:** This Record of Time Worked sheet is to be completed **ONLY** for the teachers (participants) who have been hired as BOCES employees, per their districts' requests. Completed Employee Data Sheet for each teacher must be on file with OCM BOCES Personnel Department. A Record of Time Worked sheet is to be completed by the Participant at the conclusion of the activity and signed by the Trainer. The Participant must then obtain the signature of the Authorized School District representative. The completed Record of Time Worked sheet should be sent to OCM BOCES Personnel Department so that payment can be processed.

Participant Name \_\_\_\_\_

School District \_\_\_\_\_

	Date	# Hours
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
<b>Week Total</b>		_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
<b>Week Total</b>		_____

563 – 6368 – 170

547 – SUBS – 170

I declare that the above record of time worked is true, correct, and complete:

▲ Participant Signature \_\_\_\_\_ ▲ Date \_\_\_\_\_

▲ Trainer Signature \_\_\_\_\_ ▲ Date \_\_\_\_\_

▲ Authorized School District Signature \_\_\_\_\_ ▲ Date \_\_\_\_\_