



COVINGTON INDEPENDENT PUBLIC SCHOOLS
PROFESSIONAL DEVELOPMENT PARTICIPATION
AND
STIPEND REQUEST
FORM

Certified Employee: <input type="radio"/> Classified Employee: <input type="radio"/>	Professional Development Credit: <input type="radio"/> Stipend Request: <input type="radio"/> Administrators: Leadership (EIL) Credit: <input type="radio"/>
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PRINTED Participant's Name: _____

School/Department: _____

Title of Training: _____

Location of Training: _____

Date(s): _____

Time(s): _____ No. of Hours _____

Participant's Signature

Signature of Trainer/Leader

REQUEST FOR STIPEND ~ requires pre-approval

EMPLOYEE ID# EMPLOYEE PHONE #:

Don't know your Employee ID? Contact Payroll @ 392-1021 OR 392-1020

_____ # of **CERTIFIED** Hours @ \$24.00 per hour Total: \$ _____

_____ # of **CLASSIFIED** Hours @ \$12.00 per hour Total: \$ _____

Principal's Signature: Date:

Board of Education Use Only

Signature of Assistant Superintendent

Account Code