**BALDWIN COUNTY BOARD OF EDUCATION**
**2600-A North Hand Avenue**
**Bay Minette, AL 36507**



# Agreement for Workshop Attendance or Other Group Stipends

**Name of Department/Program/School:** _____

**Describe Workshop Event or Type of Stipend:** _____

_____

**Date(s) of Workshop or Dates of Service:** _____

Indicate Type of Employee: ☐ Certified (Exempt) ☐ Admin/Management ☐ Support (Non-exempt)
**Attach list of expected attendees. Separately list certified and support (non-exempt) employees.**

**Certified Position/Service:** _____**Rate:** _____

**Classified Position/Service:** _____**Rate:** _____

Other comments related to rates: _____

Approximate hours/days/etc. approved for this task during above time period: _____.

Estimated **total** amount for additional work, if known: $_____.

If this workshop will require support (non-exempt) employees, provide explanation of amount of hours per day required for attendance. (If support employee is not working under normal contract, overtime is not usually required, just straight time.) _____
_____

**Funding (G/L) Code (s):** _____ _____
_____ _____

**Agreement must be submitted and approved by all parties prior to event or service being performed. Originating department may terminate by written notification. Attendees or stipend recipients agree to comply with all related policies and procedures as adopted by the Baldwin County Board of Education. The attendees understand that the particular stipend paid under this Agreement is on an as-needed basis; no maximum number of hours or days is guaranteed and the additional work will not apply toward the accrual of tenure or non-probationary status.**

***Appropriate listing or worksheet attached?*** ☐

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Principal or Supervisor | Date | Coordinator | Date |
| _____ | _____ | _____ | _____ |
| Funding Administrator | Date | Business and Finance | Date |

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**(Reflect information below as a cover document to submit request for payment of stipends)**

**Dates Workshop Conducted or Services Provided:** _____

**Attach appropriate paperwork for specific type of service provided or training attended, etc. If a workshop, this may include a copy of detailed Sign-In Sheet to reflect dates of attendance, employee name, employee #, and employee signature. Reflect support attendees on separate sheet to include Sign-in, Sign-Out and total hours. Attach other types of documentation as applicable to program/event to document attendance or services provided. Departments may submit their unique types of listings or worksheets to reflect total amounts due to each employee.**

**Funding Administrator must sign this form as a cover document for submitting documentation for payments.**

_____ _____
**Funding Administrator/Executive Staff** **Date**