

Funding Source: \_\_\_\_\_

Approval by Charter School Office: \_\_\_\_\_



**PASCO COUNTY SCHOOLS  
2015 – 2016 SY CHARTER SCHOOL PROFESSIONAL DEVELOPMENT STIPEND APPROVAL**

**Part I: To be completed by the charter school administrator. Submit to Jeff Yungmann, Charter School Office, at least ten (10) days prior to the date of the training.**

Workshop Title: \_\_\_\_\_

Workshop Date(s): \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Workshop Component Coordinator: \_\_\_\_\_

Name of Charter School: \_\_\_\_\_

Charter school employee(s) authorized to participate in the workshop must be registered for the training. List the names below:

\_\_\_\_\_  
\_\_\_\_\_

Teacher stipend will be paid @ \$15.00/hr.

\_\_\_\_\_  
**Signature of Charter School Administrator  
APPROVAL IS REQUIRED**

\_\_\_\_\_  
Date

**Part II: THIS SECTION MUST BE COMPLETED AT THE WORKSHOP. DO NOT COMPLETE IN ADVANCE.**

Name of Charter School Participant	Hourly Rate	Stipend Hrs	Participant Signature Required	MUNIS # Required
	\$15.00			

**TO BE COMPLETED BY DISTRICT COMPONENT COORDINATOR**

COMPONENT TITLE: \_\_\_\_\_

COMPONENT NUMBER: \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF DISTRICT COMPONENT COORDINATOR

DATE

FUND	CC	LV	PROJ	OBJ	FUNCT	SUBPRJ
				579000		

\_\_\_\_\_

Above coding to be completed by district department providing training.

**TOTAL DUE TO CHARTER SCHOOL  
(TO BE COMPLETED BY FINANCE DEPT)**

OBJECT CODE must always remain 579000. Do not change.

**DISTRICT COMPONENT COORDINATOR: Please forward the completed original form to Jeff Yungmann, Charter School Office, for processing of stipend payment.**