



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
 MASTER INSERVICE PROGRAM
 TRAINER PAY FOR INSTRUCTIONAL/NONINSTRUCTIONAL TRAININGS**

MIS Form #522
 Rev. 5/14

Employee Legal Name _____ Employee ID # _____

Employee Work Site _____

Workshop/Training Title _____

Training Location _____ Training Date(s) _____

Total Hours of Training _____ During Work Hours: YES _____ NO _____

Trainer Signature _____ Date _____

Component Coordinator Signature _____ Date _____

***Function coding: 5100-Instructional work with students; 6300-Instructional planning; 6400-Instructional training/meetings; 7730-SRP training**

Distribution % (Total = 100%)	Fund	Cost Center	Level	Project	Object/GL	*Function	Group

Cost Center Approval Signature _____
 Distribution \$ Total _____

Distribution % (Total = 100%)	Fund	Cost Center	Level	Project	Object/GL	*Function	Group

For District Use Only		
Total Hours _____	Daily/Hourly Rate _____	X _____
Approved by HR _____	Date _____	Total Paid _____

For Payroll Use Only
C14 Y Y N 1
Run # _____
Batch # _____

FORWARD ALL COPIES TO THE DEPARTMENT OF HUMAN RESOURCES AND EDUCATOR QUALITY FOR DISTRIBUTION:
 White-Budget/Payroll; Canary-HREQ; Pink-Cost Center; Goldenrod-Employee