

**WILLIAMSON COUNTY SCHOOLS**  
**PROGRAM ACTIVITY REPORT**  
**STIPEND CLAIM FORM**

NAME: \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Dates Worked	Times Worked	Total Hours Completed

*Note: this activity is not a Career Ladder Extended Contract Activity. Please submit at end of activity or monthly.*

**SUMMARY OF ACTIVITY PERFORMED:**

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I certify that a total of \_\_\_\_\_ (hours/days) as documented above have been completed in performing this activity as approved in advance.

_____ <b>Teacher Signature</b>	_____ <b>Date</b>	_____ <b>School Principal/Director</b>	_____ <b>Date</b>
<b>Budget Account:</b> _____		<b>Director:</b> _____ <b>Date:</b> _____	
( _____ Hours/Days @ _____ Hour/Day = \$ _____ )			