

# Independence School District Professional Development Time Sheet



Name: \_\_\_\_\_ Building: \_\_\_\_\_

Employee #: \_\_\_\_\_

Nature of Service: \_\_\_\_\_

Instructor/Facilitator: \_\_\_\_\_ Attendee: \_\_\_\_\_

Charge to Account: Certificated Employee – Account # \_\_\_\_\_

Date	From	To	Hours Worked	Pay Code	Purpose and Nature of Work

Pay Code: S=Stipend CL=Career Ladder EX=Extra Duty Day

Total Hours Worked \_\_\_\_\_

Signature \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  <hr/> Pam Boatright
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**Please make a copy of this completed form for your records.**