Project Development

Stipend Time & Effort Documentation Form

School:_____ Activity Date(s):_____

Employee Name:_____ Employee ID#:_____

Funding Source: Title II ☐ Title III ESOL ☐ Title III Immigrant ☐
Title IV ☐ Title IX ☐ Other ☐ _____

Date of Activity	Session Time (beginning – ending)	Activity Description	Total Time of this Session *In Hours/Minutes*
		Total Hours/Minutes	

_____ _____

Employee Signature / Date *Activity Leader or Supervisor / Date*

MUST be attached to the SBAC Stipend Payroll Report Form