



STIPEND PROGRAM (TEACHER SIGN-IN SHEET)

DOE OHR 200-012

Last Revised: 05/23/2013

Former DOE Form(s): N/A

DEPARTMENT OF EDUCATION

Office of Human Resources

Reclassification Unit

P.O. Box 2360 Honolulu, HI 96804

Title of Training Activity: _____

Location of Training Activity: _____

Date(s) of Training Activity: _____ Time of Training Activity: _____

Training Sponsor (Name, Title): _____

Length of Training Activity: 1/4 Day 1/2 Day 3/4 Day 1 Day Object Code: 2802

Please Read: This Stipend Program compensates certificated teachers and 10 month Educational Officers for attending voluntary training activities, related to School and Complex/State goals and direction, during non-work hours. Participants who receive stipends must attend the entire training activity, there is no partial payments for attending part of a training. Payment of stipends is not allowed to non-certificated employees.

My signature below indicates that I have read, understand and am in agreement with the above statements.

Name of Teacher (Please Print)	DOE Employee ID number	School or Office	Today's Date	Signature