



Title I

Stipend Time & Effort Documentation Form

School: _____ Activity Date(s): _____

Employee Name: _____ Employee ID#: _____

Funding Source: TIPA TIPD UniSIG TSSSA TSSSA-Rollover

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

Participating Teacher Signature / Date

Instructional Intervention Coach or Lead Teacher / Date

MUST be attached to the SBAC Stipend Payroll Report Form