

Educator Effectiveness Process (EEP)  
**Training Stipend Form**

**CAMPUS:** \_\_\_\_\_  
**Campus Address:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Contact Ph#:** \_\_\_\_\_  
**Title of Training:** \_\_\_\_\_  
**Location of Training:** \_\_\_\_\_  
**Training Dates:** \_\_\_\_\_

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	<b>Participants Name</b>	<b>Daily Rate</b>	<b>Hourly Rate</b>	<b>Hours Attended</b>	<b>Total Stipend</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**Principal Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_