

AAPT/PTRA SUMMER INSTITUTE SIGN-IN & STIPEND REQUEST SHEET (UP TO FIVE DAYS)

Starting Date: _____ Location of Workshop: _____

Day	Date	Workshop Topic(s)	Workshop Leader(s)	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours =				

Participants Please Print Your Name	Your Signature (Monday or First Day Only)	After each day, please initial in space below:					Total hours RC ¹ only
		Mon	Tues	Wed	Thur	Fri	
1.	1.						
2.	2.						
3.	3.						
4.	4.						
5.	5.						
6.	6.						
7.	7.						
8.	8.						
9.	9.						
10.	10.						
11.	11.						
12.	12.						
13.	13.						
14.	14.						
15.	15.						
16.	16.						
17.	17.						
18.	18.						
19.	19.						
20.	20.						

Name of RC: _____ Signature of RC: _____ Date: _____

My signature as RC of Lead PTRA authorizes the participant's attendance according to the hours recorded on this sheet.

¹ This column is to be completed by the Regional Coordinator (RC) or Lead PTRA only. The RC or Lead PTRA then signs on the bottom line to authorize the number of hours each participant attended. The participant stipend payment will be based on these hours.