

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

Starting Date: _____

Location of Workshop: _____

Day	Date	Workshop Topic(s)	Workshop Leader(s)	Hours
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
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
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: _____

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.