

HSD Executive Assistant's – Professional Growth Day Stipend Form

As described in Executive Assistants Salary Schedule, Executive Assistants are eligible for up to \$500.00 annually plus three days at \$175.00 per day per person, per contract year to cover costs related to approved professional growth activities.

Professional Growth Day Stipends will be paid following participation in professional growth activities.

FOR PAYMENT OF PROFESSIONAL GROWTH DAY STIPEND: Submit the completed Professional Growth Day Stipend Form to payroll, please attach the HSD Professional Growth Approval Form.

Employee Information			
Employee Name:			
Address:			
Name of Supervisor:			
Work Phone Number:		ID Number:	
	ional Growth Acti	ivity	
Description:			
Location:			
Date:			
Professi	onal Growth Day	(s)	
DATE - Full Day (8 hours)	@ \$175	.00 ea.	Total
DATE - Half Day (4 hours)	@ \$87.	50 ea.	Total
	3 75.		
Total \$			
		100	ai p
I HEREBY certify that this is a true and correct	claim for Professiona	al Growth Day	activities.
SIGNATURE OF APPLICANT		Date	e:
Supervisor's Signature:		Date:	
Budget Approval:		Date:	
Budget Number: 0324-(21 or 31) - 81-	5722		
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