**Sweetwater Union High School District**

**Certification for Wages Paid**

Any certificated or classified employee whose salary is paid entirely or in part though Perkins funding must complete this certification form.

**School/Department:** Adult CTE/Carl D. Perkins Secondary Sec. 132

I hereby certify that , received pay out of the **Adult** **CTE/Carl D. Perkins Secondary Sec. 132** for the **Month of \_\_\_\_\_\_\_\_\_\_\_ during the 2017-2018** school year.

**Substitute Pay**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **SUBSTITUTE NAME** | **TEACHER NAME** | **HRS** | **SITE** | **INDUSTRY** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Total of **\_\_\_ Hours** Substitute Pay

**Curriculum – Review, Development, and Updates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **HRS** | **SITE** | **INDUSTRY** | **Brief Description of Work Done** |
|  |  |  |  |  |
|  |  |  |  |  |

Total of **\_\_\_ Hours** Curriculum Pay

**Professional Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **HRS** | **SITE** | **INDUSTRY** | **Brief Description of PD** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total of **\_\_ Hours** Professional Development Pay

**Total of hours paid out of** **Adult** **CTE/Carl D. Perkins Secondary Sec. 132** **Month of \_\_\_\_\_\_\_\_\_\_\_ during the 2017-2018** school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dr. Burke, Director of Adult Education Date