



**LOWNDES COUNTY PUBLIC SCHOOLS**  
**Professional Development and Supplemental Pay Form**

Site \_\_\_\_\_

Session Title \_\_\_\_\_

Presenter/Facilitator \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

	Name (Print)	Employee Number	Total Hours	Rate of Pay	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total \_\_\_\_\_

Principal/Supervisor/Director \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_