

WAYNE TRACE LOCAL SCHOOL
LPDC HOUR REPORT

EMPLOYEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

DATE OF MEETING:

HOURS ATTENDED:

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERINTENDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

TOTAL HOURS ATTEDED: _____

LPDC HOURLY RATE: ___\$25.00_____

TOTAL TO BE PAID: _____

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