

SUBSTITUTE STIPENDS SCHOLARSHIPS Paid Time Off Log

Substitute stipends to employers of DECAL Scholars SCHOLARSHIPS recipients are available so SCHOLARSHIPS recipients can have paid time off (PTO) to attend class, study, or complete assignments.

Employers of SCHOLARSHIPS recipients must give the SCHOLARSHIPS recipient *paid* time off (PTO) to attend class, study, or prepare for class. The employer will receive a stipend of \$15/hour to cover the cost of substitute teachers while the SCHOLARSHIPS recipient is away from the classroom. Each employer can receive a maximum of \$1,500 in substitute stipends per semester for each SCHOLARSHIPS recipient in exchange for the SCHOLARSHIPS recipient to receive up to 100 hours of PTO.

SCHOLARSHIPS PTO Logs must be completed and signed by the employer and the SCHOLARSHIPS recipient to be considered for reimbursement. All SCHOLARSHIPS PTO Logs must be submitted to support@decalscholars.com by the end of the last month of class to be considered for reimbursement.

Facility Name		SCH	SCHOLARSHIPS Recipient Name		
Semester and Year		SCH	OLARSHIPS Recipient l	ARSHIPS Recipient Last 4 of SSN	
DATE	START TIME	END TIME	TOTAL TIME	DIRECTOR INITIALS	
time off to attend class, son this form or in support participation in any DECA supporting documents is of Georgia Department of this program. The employ	tudy, or complete assignm cing documents may be gro L Scholars programs. We u a violation of state law and f Early Care and Learning t ger understands that, if ap	nents. We understand that bunds to be denied participunds to be denied participunderstand that intentionad may result in civil or crimo verify this information ar	any false or incomplete in pation in this program an ally providing false inform inal proceedings. We aut and release it to any neces and they are required by the and they are the and the and they are the and they are the and they are the and and the and the and and the and and the and and the and and and and	ation on this form or in horize any agent or employee sary party for consideration in e IRS to report the income on	
SCHOLARSHIPS Recipient Name		SCHOLARSHIPS Recipi	SCHOLARSHIPS Recipient Signature		
Employer Name		Employer Signature		Date Signed	