

Substitute Stipends Paid Time Off Log

The Substitute Stipend program supports DECAL Scholars Scholarship recipients in the time and effort it takes to further their professional growth. It also encourages employers to advocate for their employees' educational pursuits, recognizing the beneficial impact of higher-quality care on the children they serve. Through this program, employers of Academic, Montessori, or CDA Training Scholarships recipients can opt to receive a \$15-per-hour stipend to help cover the cost of a substitute, offsetting part of the expense of providing paid time off for employees to attend classes, study, complete assignments, or take exams as they commit to their professional development.

To participate, employers must provide their employee with *paid* time off for the purposes mentioned above. The program offers a standard rate of \$15 per hour to help offset expenses incurred while the employee is on paid time off. Each scholarship recipient's employer is eligible to receive a maximum of \$1,500 in substitute stipends for a maximum of 100 hours of paid time off per recipient per semester, term, or CDA class.

To qualify for reimbursement, this accurately completed log must be signed by both the employer and the employee and submitted to support@decalscholars.com. Logs can be submitted monthly or at the end of the semester or CDA class, but all submissions must be received by the end of the final month of classes to be eligible for the stipend.

Employment Facility NameScholarships Recipient Name and Last 4 of SSNSemester and Year (or CDA Class Instructor and Dates)

DATE	START TIME	END TIME	TOTAL TIME (HOURS)	EMPLOYER INITIALS

Under penalty of perjury, both parties attest that all of the information appearing on this application and in supporting documentation is true to the best of our knowledge. We understand that any false or incomplete information knowingly provided on this application or in supporting documents may be grounds to be denied participation in this program and may prevent both parties from future participation in any DECAL Scholars programs and other DECAL programs, grants and initiatives. We understand that intentionally providing false information on this application or in supporting documents is a violation of state law and may result in civil or criminal proceedings. We authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for our consideration in this program. We understand that, if approved and awarded funds, the employer may receive a 1099 tax form and will be required by the IRS to report the income on their tax return. Both parties also understand and agree that personal information may be shared with the Georgia Professional Development System.

Scholarships Recipient NameScholarships Recipient SignatureDate Signed

Employer NameEmployer SignatureDate Signed