Talbot County Public Schools
P.O. Box 1029
Easton, MD 21601

WORKSHOP SUMMARY REPORT

Title of Workshop:_____ Date of Workshop: _____

Account Number (16 Digits):_____

Coordinator: Information in all three columns must be completed for payroll processing.

Participants LEGAL Name (please print)	Employee ID #	School	Stipend

Coordinator's Signature: _____ **Date:** _____

Revised: 11/21/06