

## Substitute Stipends Scholarships Paid Time Off Log

The substitute stipend program is available to employers of DECAL Scholars Scholarships recipients so Scholarships recipients can have *paid* time off (PTO) to attend class, study, or complete assignments.

To participate in the substitute stipend program, employers of Scholarships recipients must give the Scholarships recipient *paid* time off (PTO) to attend class, study, or prepare for class. In return, 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. It is ultimately up to the employer to decide whether they will allow their employees to take part in this program. The employer must also determine how many hours of PTO will be granted to the employee in exchange for the \$15/hour stipend.

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

\_\_\_\_\_  
Employment Facility Name

\_\_\_\_\_  
Scholarships Recipient Name

\_\_\_\_\_  
Semester and Year

\_\_\_\_\_  
Scholarships Recipient Last 4 of SSN

DATE	START TIME	END TIME	TOTAL TIME	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 Name

\_\_\_\_\_  
Scholarships Recipient Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date Signed