



**United Professors of Marin**

AFT/CFT Local 1610  
 P.O. Box 503 • Kentfield, CA 94914  
 Phone/Fax: (415) 459-1524  
[www.upm.website](http://www.upm.website)

**STIPEND HOURS FORM**

Use this form to submit all approved stipend hours completed during the pay period on behalf of UPM and its membership.

TO: **UPM TREASURER**

MEMBER NAME: \_\_\_\_\_ FORM DATE: \_\_\_\_\_

COMMITTEE MEETING: \_\_\_\_\_

Meeting Date	Description of Discussions/Topics (If needed, please attach a separate sheet of work performed)	Meeting Time	Total Hours
<b>TOTAL HOURS:</b>			
<b>TOTAL STIPEND:</b>			

**IMPORTANT:** By signing and dating below, I certify that the hours and descriptions submitted are a true and accurate record of the time I have completed during this pay period on behalf of the United Professors of Marin and its membership.

\_\_\_\_\_  
 MEMBER SIGNATURE DATE

\_\_\_\_\_  
 UPM APPROVAL SIGNATURE DATE