50+ Years STRONG!
UPM
AFT LOCAL 1610
UNITED PROFESSORS of MARIN

United Professors of Marin

AFT/CFT Local 1610
P.O. Box 503 • Kentfield, CA 94914

Phone/Fax: (415) 459-1524
www.upm.website

CLEAR FORM

STIPEND HOURS FORM

PRINT 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
		TOTAL HOURS:	0.00
		(STIPEND RATE $ 74.00)	***$ 74.00***
		TOTAL STIPEND:	**$ 0.00**

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.

SAVE AS

_____ _____
MEMBER SIGNATURE DATE

_____ _____
UPM APPROVAL SIGNATURE DATE

Use the SAVE AS Button to Save a copy of your UPM Form with a unique name (e.g. DW-201703 stipendUPM).
Mail a copy to:
Secretary@UPM. website
Treasurer@UPM. website