



## United Professors of Marin

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

Phone: 415.295.4199  
[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 ([treasurerUPM@gmail.com](mailto:treasurerUPM@gmail.com))

MEMBER NAME: \_\_\_\_\_

FORM DATE: \_\_\_\_\_

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

Meeting Date	Description of Discussions/Topics (If needed, please attach a separate sheet of work performed)	Meeting Time	Hours
TOTAL HOURS:			
(STIPEND RATE \$ 76.00/hour)			x \$76.00
TOTAL STIPEND:			\$

**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