



Oregon Program Autism Training Sites and Support

OrPATS RELEASE TIME/STIPEND REIMBURSEMENT POLICIES AND PROCEDURES

Release funds for OrPATS training visits are available to be reimbursed to districts and regions that send staff to be trained at OrPATS workshops and OrPATS Training. Reimbursement will be offered on a first come, first served basis.

Prior to the start of the contracted school year, staff may be paid a stipend by their school district for attending an OrPATS workshop. Stipends will be reimbursed by OrPATS to school districts if approved prior to the workshop. Stipends can be paid up to the reimbursement rate listed below for release time.

Follow the procedures below to be reimbursed for sub release time / stipend:

- 1 Fill out the attached OrPATS reimbursement for
- 2 Mail, Fax or Email form to Kathi Dehm at:

Attn: Kathi Dehm
STAR Autism Support
6663 SW Beaverton-Hillsdale Hwy #119
Portland, OR 97225
Fax: 503-292-4173
Email: kathi.dehm@starautismsupport.com

***This does not register you for the workshop. To register for the workshop please visit www.orpats.com.**

OrPATS Release Time / Stipend Reimbursement Policies:

- Reimbursement must be approved at the time of registration to ensure approval and availability of funds. As limited funds are available, reimbursement will be on a first come, first served basis.
- Reimbursement will be at the following state identified flat rates:
 - › Certified Staff: up to \$185.00
 - › Classified Staff: up to \$88.00



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RELEASE TIME/STIPEND REQUEST FOR REIMBURSEMENT

Fax: 503-292-4173

Email: kathi.dehm@starautismsupport.com

Request for reimbursement must be submitted and approved in advance of workshop or training.

Billing Information

School District (this is who check will be issued to): _____

Address: _____

City: _____

State: _____

Zip: _____

Billing Contact (this is who check will be mailed to): _____

Phone: _____

Email: _____

Fax: _____

Release Time Details

OrPATS Training Location: _____

OrPATS Training Dates: _____

Number of Staff Requiring Release Time/Stipends

Certified: _____ Days: _____

Sub Rate Requested (max \$185/per day): _____

Classified: _____ Days: _____

Sub Rate Requested (max \$88/per day): _____

Total Reimbursement Requested: _____

Participant Information

(please list the contact information for each participant requiring release time/stipend)

Participant #1

Name: _____

Title: _____

School/Organization: _____

Email: _____

Participant #2

Name: _____

Title: _____

School/Organization: _____

Email: _____

Participant #3

Name: _____

Title: _____

School/Organization: _____

Email: _____

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If necessary attach additional information