

## REQUEST FOR ADDITIONAL EXTENDED HOURS FOR CTSO

Student Organization: \_\_\_\_\_ School: \_\_\_\_\_

Adviser \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a record of hours spent on student supervision activities at the local chapter level. This record is to be submitted with a voucher to the district CTE coordinator by the last working day in May.

★ Register with the State and National affiliated organization (minimum of 6 members) attach a roster. School funds may NOT pay student membership dues and it may NOT be on the listed fee schedule

Date \_\_\_\_\_ Number of Students \_\_\_\_\_ Hours \_\_\_\_\_

★ Chapter Officer Team elected or appointed. Hold officer meetings  
Dates \_\_\_\_\_ Hours \_\_\_\_\_

★ Participate in sponsored state, regional or area conference/contest.  
Date \_\_\_\_\_ Hours \_\_\_\_\_  
Activity Description \_\_\_\_\_

★ Participate in at least one chapter activity/service project during the school year  
Date \_\_\_\_\_ Hours \_\_\_\_\_  
Activity Description \_\_\_\_\_

Advisor and chapter officers attend the State Officer Leadership Conference  
Date \_\_\_\_\_ Number of Students Participating \_\_\_\_\_ Hours \_\_\_\_\_

Hold additional chapter activities / service project /contests  
Date \_\_\_\_\_ Hours \_\_\_\_\_  
Activity Description \_\_\_\_\_

Date \_\_\_\_\_ Hours \_\_\_\_\_  
Activity Description \_\_\_\_\_

Date \_\_\_\_\_ Hours \_\_\_\_\_  
Activity Description \_\_\_\_\_

★ Required to receive any CTSO stipend

Total Hours (Maximum of 60) \_\_\_\_\_

Total Stipend (hours\*\$19) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(CTSO Adviser) I verify that these hours are outside of my contract and accurately stated