



Spring Branch Independent School District

Stipend Recipient Acknowledgment Form

As a District employee receiving a stipend, you are expected to complete the full extra duty work assignment in order to receive the full stipend amount. This is for all employees receiving stipends regardless of position or reason extra duty assignment work might not be fulfilled. Stipend amounts paid for extra duty work assignments are separate from an employee's base pay but are paid as part of the regular payroll cycle.

Each stipend is tied to a specific assignment. When the employee originally receiving the stipend is unable to complete the full extra duty assignment, then the total amount of the stipend may be adjusted to compensate for the specific portion of the extra duty assignment which was actually completed. Another employee who completes the remainder of the extra duty assignment would then receive the portion of the stipend appropriate for the portion of the extra duty assignment worked.

Reasons a stipend amount may be changed:

- Extra duty assignment is ended because it is no longer needed by the campus/department.
- Employee exits employment before the end of the duty year.
- Employee is out on a leave of absence during the extra duty assignment and another employee fills that role for that timeframe.
- Employee or District changes assignment mid-year.

NOTE: Employees receiving a stipend who are placed on administrative leave with pay by the District would continue to receive the stipend until the investigation is completed.

An employee receives a stipend specific to the fulfillment of all duties related to a work assignment tied to the stipend. The District has the right to make adjustments to the total amount paid for the stipend if an employee is unable or does not fulfill the full extra duty work assignment tied to the stipend.

I acknowledge the information provided above regarding stipends and stipend processing. I also acknowledge the District has the right to make adjustments to the total amount paid to me for a stipend if I am unable to or do not fulfill the full extra duty work assignment tied to the stipend.

Employee Printed Name and Signature

Employee ID#

Date

Campus/Department Supervisor Printed Name and Signature

Date