Extra Duty Stipend Payroll Timesheet

Dept / School Site: _____ **Month:** _____

_____ **XXX-XX-** _____
Name Social Security # (last 4 digits)

Certificated ☐ **Classified** ☐

Title of Stipend from Extra Duty Schedule	Date Employee was Board Approved	STIPEND AMOUNT (If paid once per School Year) Amount of Stipend to be Paid	(If paid twice per School Year) Amount of 1/2 Stipend to be Paid	Month(s) to be Paid
TOTAL				

Claiming a stipend not actually worked constitutes fraud.

_____
Employee Signature **Date**

_____
Administrator Signature **Date**

Do Not Write in Space Below *** For Payroll Use Only ***	
Date Paid	**EWA #**

Revised Nov 2017