

Extra Duty Stipend Payroll Timesheet

Month/Year Completed: _____

School Site/Dept: _____

Name

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

Certificated _____ OR Classified _____

Title of Position	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 to be Paid

TOTALS

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Claiming a stipend not actually worked constitutes fraud.

Date / Employee Signature

Date / Administrator Signature

Do Not Write in Space Below *** For Payroll Use Only ***			
Stipend Total	Date to be Paid	EWA #	Not Cleared - Stipend Pending