

APPENDIX E



**STIPEND/EXTRA DUTY PAYMENT FORM**

\_\_\_\_\_  
Employee Employee ID

\_\_\_\_\_  
Building Stipend: \_\_\_\_\_  
Extra Duty: \_\_\_\_\_  
Lump Sum: \_\_\_\_\_

Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate (per attached Stipend Category Form and Time/Effort Log)

_____ Hours x \$15	=	_____
_____ Hours x \$25	=	_____
_____ Hours x \$32	=	_____
_____ Lump sum amount	=	_____

\_\_\_\_\_  
Funding Source Account Code

\_\_\_\_\_  
Building Administrator Date

\_\_\_\_\_  
Central Office Administrator Date

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
Submitted by Date