1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000, ext. 4201

ADDITIONAL HIGH SCHOOL & MIDDLE SCHOOL STIPENDS

(Negotiated with MDEA in Appendix K of Contract)

(APPENDIX K)

Pay Period Ending _____
Month Year

From_____Site _____

(PLEASE PRINT ALL INFORMATION)

PLEASE SUBMIT SIGNED ORIGINAL TO PAYROLL OFFICE BY THE 21st OF THE MONTH.

Please print in alpha order. **Last Name** **First**	**ID Number**	**# of Hours**	**Hour Code**	**Lump Sum**
		1	3800	
		1	3800	
		1	3800	
		1	3800	
		1	3800	
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		1	3800	
		1	3800	
		1	3800	
		1	3800	
		1	3800	
		1	3800	

THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 21ST OF THE MONTH TO BE PAID ON THE FOLLOWING 10TH.

This stipend conforms with the collective bargaining agreement and/or a board approved rate.

Signature indicates compliance with above statement.

PRINCIPAL'S SIGNATURE	DATE
PROGRAM ADMINISTRATOR'S SIGNATURE	DATE

SITE

❑ **Secondary:**
01.0000.0000.2700.00650000.___.___.1980