PUYALLUP SCHOOL DISTRICT

A Tradition of Excellence

Certificated Extra Duty Stipend Form

Emp #: _____ Name: _____

Stipend Title: _____ Bldg: _____

Stipend Amt: _____ Budget Charged: _____

Do not need to provide for CBA Stipends

☐ Monthly Payments – From receipt of the form to the end of the current school year.

☐ Lump Sum Payment – Month work completed: _____

*Stipend Description –

- List the duties the employee is to perform for this stipend.

- List the responsibilities the employee will have for this stipend.

- List the specific time information for stipend. Cannot use 24-25SY. Must have date range/season with specific days and /or hours. (Ex. 9/6/24 to 6/30/25 working 2 hours Tuesdays and Thursdays.)

Date this information was shared with the employee: _____

_____ _____

Budget Authority (PRINT) Budget Authority Signature Date

_____

Budget Authority Email Address

*Required Field. Will be returned if not completed.