PUYALLUP SCHOOL DISTRICT

A Tradition of Excellence

Extra Duty Stipend Form – Classified

This form is to be used for **adding assignments for classified employees**:

1- after you have offered the position to a certificated staff member,

2- when agreeing to the terms of the position with a classified staff member.

Emp #: _____ Name: _____

Stipend Title: _____ Bldg: _____

Stipend Amt: _____ Budget Charged: _____

Do not need to provide for CBA Stipends

$_____ / $16.28 = Hours: _____

(Ex. Stipend Amt $400/$16.28 = 24.57 hours classified employee can work in assignment)

☐ 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

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Budget Authority Email Address

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*Required Field. Will be returned if not completed.