



STIPEND PAYMENT FORM

EMPLOYEE INFORMATION

REMINDER: Classified employees paid on an hourly salary schedule cannot be paid a stipend.

Fiscal Year: _____

Employee Name: _____

Employee #: E _____

School #: _____ **School Name:** _____

PAYMENT INFORMATION

REMINDER: Classified employees paid on an hourly salary schedule cannot be paid a stipend.

Assignment Description: _____

Stipend Amount paid to Employee: \$ _____
(not the budget amount)

Date(s) services were performed: _____

Time(s) services were performed: _____

Desired Payment Date (month and year): _____

Funding Account: _____

Stipend Notes: _____

SUPERVISOR APPROVAL

By signing this document, I certify that the employee indicated above meets the criteria to receive payment for the additional assignment indicated on this form. I also certify that all work and preparation performed for this stipend was accomplished outside of the contracted or scheduled workday.

Supervisor Signature: _____

Date: _____