

HILLSBOROUGH CITY SCHOOL DISTRICT REQUEST FOR STIPEND

SCHOOL YEAR (e.g. 2015-2016): 20__ to 20__ SITE _____

EMPLOYEE NAME: _____ Position _____

PURPOSE/REASON: _____

| Date(s) of Work (mm/dd/yy) (N/A for Annual Stipend) | Hours Worked | | Employee or Supervisor Initials (When Applicable) |
|--|--------------|----|--|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |

RATE OF PAY: \$ _____

UNIT OF PAY (Select One): Hourly ____; Daily ____; Half Day a.m. ____;
 Half Day p.m. ____; Overnight ____; Per Diem ____; Annual ____;
 Other (please indicate): _____

TOTAL PAY: \$ _____

BUDGET CODE:

| Fund | Resource | Year | Goal | Function | Object | School | Program |
|------|----------|------|------|----------|--------|--------|---------|
| | | | | | | | |

AUTHORIZOR NAME: _____

AUTHORIZOR SIGNATURE: _____

DATE: _____

Please send completed form to Payroll and retain a copy for your records!