

## Payroll Timesheet/Stipend Form

\*All persons must complete section A and D. Hourly use section B. Stipend use section C.  
**PLEASE PRINT!!!!!!**

**A.**

Name of School: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ Program: \_\_\_\_\_

Classified:       Certificated:       Perm:       Temp:

**B. Hourly Timesheet**

Date:	Description:	Hourly Rate:	Total Hours:	Regular: Extra: Overtime:	Payroll Use:
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**C. Stipend Request for Payment**

Date Completed: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Stipend Amount: \$ \_\_\_\_\_ Est Emp Cost (15% of Stipend) will be included

**D. Authorization**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Name

\_\_\_\_\_  
Authorizing Signature

Fund	Resc	Year	Object	Sub Ob	Goal	Func	Schl	Loc 1	Loc 2	Loc 3

**To be completed by Authorizing Person**