1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000, ext. 4201

CERTIFICATED STIPEND

(APPENDIX B)

Pay Period Ending _____ (Month / Year) Stipend _____ (Type of)

From _____ (if applicable) Site _____

Plan Reference _____ Exp. Code _____

(PLEASE PRINT ALL INFORMATION) SUBMIT A SEPARATE FORM FOR EACH ACCOUNT CODE.

PLEASE SUBMIT SIGNED ORIGINAL TO PAYROLL OFFICE BY THE 21st OF THE MONTH.

Please print in alpha order. **Last Name** **First**	**Required on all timesheets** (found on Check/Direct Deposit Advice) **ID Number**	**# of Hours**	**Hour Code**	**Lump Sum**
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		

TOTAL $

THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 21ST OF THE MONTH TO BE PAID ON THE FOLLOWING 10TH.

This stipend conforms with the collective bargaining agreement and/or a board approved rate.

Signature indicates compliance with above statement.

PRINCIPAL'S SIGNATURE	DATE
PROGRAM ADMINISTRATOR'S SIGNATURE	DATE

PAYROLL SUPERVISOR'S SIGNATURE PAYROLL DATE