

**SIERRA COUNTY OFFICE OF EDUCATION/SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
AUTHORIZATION TO PAY STIPEND**

Employee Name: _____

School Year: _____

	<i>Type/Name of Stipend</i>	<i>Amount</i>	<i>Date Completed</i>	(FOR USE BY D.O.)		
				<i>Board Approved Date</i>	<i>Payroll Date</i>	<i>Initials</i>
1.						
2.						
3.						
4.						
Comments:						

Signature of Employee: _____

Date: _____

Signature of Administrator: _____

Date: _____

INSTRUCTIONS TO EMPLOYEE:

Upon completion of each special assignment or grant-related stipend assignment, please take this form to your Site Administrator for signature. Form must be turned in according to the time sheet schedule.

INSTRUCTIONS TO SITE ADMINISTRATOR:

Confirm date special assignment was completed, sign and return to the District/County Office.