

Per Session/Stipend Claim Form

EMPLOYEE NAME: _____

Building _____

Date(s) of Service

Annual Stipend

Period/Session

Activity

Teacher

_____	Monday	_____	_____	_____
_____	Tuesday	_____	_____	_____
_____	Wednesday	_____	_____	_____
_____	Thursday	_____	_____	_____
_____	Friday	_____	_____	_____
_____	Monday	_____	_____	_____
_____	Tuesday	_____	_____	_____
_____	Wednesday	_____	_____	_____
_____	Thursday	_____	_____	_____
_____	Friday	_____	_____	_____

Total Sessions/Periods Covered: _____

X Rate \$ _____

Total Payroll Claimed

Explanation/Notes

Employee Certification:

I certify under penalty of law that the above information is a true, complete and accurate claim for services rendered in the faithful discharge of teaching duties consistent with my appointment by the Board of Education.

Employee Signature _____ **Date:** _____

Supervisor Certification:

I hereby certify under penalty of law that I have reviewed the above claim and find it to be a true, complete and accurate representation of the employee's service on the dates indicated, and approve that this claim be forwarded to be adjudicated and paid per district practice.

Supervisor Signature _____ **Date:** _____

BUDGET CODE: _____	Amount Approved: _____
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| <ul style="list-style-type: none"> • Chair and Curriculum Liaison Stipends • Class/Prep Coverage • Chaperones | <ul style="list-style-type: none"> • other Stipends • Intramurals • Teacher in Charge |
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