DISTRICT SCHOOL BOARD OF PASCO COUNTY
EMPLOYEE STIPEND PAYMENT

Type of Event   Planning   Parent Involvement   Training/PD   Other _____

Name of Event/Function _____   Date(s) _____

Instructional and noninstructional employees should be listed on different forms for coding purpose. Signature MUST be completed in ink.

	PRINT CLEARLY Legal Name of Employee	Cost Center	Employee ID Number	Employee Signature	Position (check one)		Payroll Use Only Pay Code	Hourly Rate	Total Hours	Total Amount
					Instr	SRP/ NNB				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Rate: Hourly Rate   Stipend Rate   **Total**

*Function coding: 5100-Instructional work with students; 6300–Instructional planning; 6400–Instructional training/meetings; 7730–SRP training

Distribution % (Total = 100%)	Fund	Cost Center	Level	Project	Object/GL	*Function	Group

Cost Center Approval Signature

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Distribution % (Total = 100%)	Fund	Cost Center	Level	Project	Object/GL	*Function	Group

_____

DISTRIBUTION: Cost Center, Finance, Payroll