

HUNTINGTON BEACH CITY SCHOOL DISTRICT
STIPEND TIMESHEET

I. To be completed by Employee:

Name: _____ Location: _____

Reason for stipend: _____

II. Length of Activity (hours/minutes):

Month: _____

Month: _____

<u>Time Worked</u>	
11th _____	21st _____
12th _____	22nd _____
13th _____	23rd _____
14th _____	24th _____
15th _____	25th _____
16th _____	26th _____
17th _____	27th _____
18th _____	28th _____
19th _____	29th _____
20th _____	30th _____
	31st _____

<u>Time Worked</u>
1st _____
2nd _____
3rd _____
4th _____
5th _____
6th _____
7th _____
8th _____
9th _____
10th _____

Total time for this period: _____

III. Fixed Amount \$ _____

Period From: _____ To: _____

Employee Signature: _____ Date: _____

IV. To be completed by Supervisor:

Board Approval Date: _____ Account Number: _____

Supervisor Signature: _____ Date: _____

V. Submit to Payroll Date Received : _____

****DUE TO PAYROLL NO LATER THAN THE 15th OF THE MONTH****