Send completed forms to Human Resources
Human Resources will send to Payroll and Accounting
Effective 7/1/2019

HUNTINGTON BEACH CITY SCHOOL DISTRICT
HUMAN RESOURCES

REQUEST FOR BOARD APPROVAL
CERTIFICATED STIPENDS
Must be submitted 10 working days prior to Board Meeting

Submitted by:_____ Date:_____

RECIPIENTS: NAME LOCATION
(Please attach a list if more than 3 names)

_____ _____
_____ _____
_____ _____

DESCRIPTION OF ACTIVITY: (be descriptive)

_____

_____

ACTIVITY DATE/S: _____

hours_____ Rate of Pay: $40.606/hour – Column III, Step 1 (**PLUS** benefits)

OR $_____(**PLUS** benefits) **OR** $_____ (**MINUS** benefits)

Account #_____ Dept/Site: _____
Invoice for Reimbursement: _____

Fixed Charges:	Charge	Acct. #	Amount
	Stipend Amount	1135	$_____
	STRS (.17100)	3101	$_____
	Medicare (.01450)	3313	$_____
	Unemploy (.00050)	3501	$_____
	W/Comp (.02420)	3601	$_____
		Total	$_____

Department Approval:_____ _____
Signature Date
Human Resources Approval:_____ _____
Signature Date
Accounting Approval:_____ _____
Signature Date
Categorical Budget Approval:_____ _____
Signature Date
Board Meeting Date:_____

Original: Human Resources