

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
STIPEND TIMESHEET**

I. To be completed by Employee:

Name: _____ Location: _____

Reason for Stipend: _____

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II. Length of Activity(hours/minutes): Month: From: _____ To: _____

Month: _____ Time Worked Month: _____ Time Worked

11th _____	21st _____	1st _____
12th _____	22nd _____	2nd _____
13th _____	23rd _____	3rd _____
14th _____	24th _____	4th _____
15th _____	25th _____	5th _____
16th _____	26th _____	6th _____
17th _____	27th _____	7th _____
18th _____	28th _____	8th _____
19th _____	29th _____	9th _____
20th _____	30th _____	10th _____
	31st _____	

Total time for this period: _____

III. Fixed Amount: \$ _____ .00

Period From: _____ To: _____

Employee Signature: _____ Date: _____

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IV. To be completed by Supervisor:

Board Approval Date: _____ Account Number: _____

Supervisor Signature: _____ Date: _____

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V. Submit to Payroll Date Received: _____

DUE TO PAYROLL NO LATER THAN THE 15TH OF EACH MONTH!!