

**AUTHORIZATION FOR EXTRA DUTY STIPEND**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

\_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**STARTING DATE** \_\_\_\_\_ **ENDING DATE** \_\_\_\_\_

**DESCRIPTION OF DUTY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL AMOUNT OF STIPEND \$** \_\_\_\_\_ **PROGRAM** \_\_\_\_\_

\_\_\_\_\_ *This stipend is an extra-duty stipend listed in the MSETA contract and will be paid upon completion of the assigned position.*

\_\_\_\_\_ *This stipend is not a position listed in the MSETA contract and will be paid on a monthly basis.*

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ASST TO SUPERINTENDENT, PERSONNEL SERVICES SIGNATURE**

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*All extra-duty stipends are subject to worker's comp, unemployment insurance, medicare and social security (if applicable).*

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

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**TO THE SUPERVISOR:** Complete contract in detail and forward to the Personnel Office for processing. A copy of this contract will be returned to the employee after it is approved by the Superintendent.

**Distribution:**      Personnel      Payroll      Employee      Supervisor