Pioneer Union School District Authorization for Extra Services/Stipend Pay

Please fill out a separate form for each occurrence or stipend

Name:	
Classification: Certificate	ed / Classified (Circle one)
Dates to be worked:	
Hours to be worked daily (over the regularly scheduled hours)	
Total hours to be paid:	
Service to be provided:	
Reason for extra work:	
Person requesting extra services pay:	
Signed:	Date:

Personnel Office	
Rate of Pay for extra service work	:: Hourly: Daily: Stipend:
Hours/Days:	_times rate _\$ =
Program to be charged:	
Account code to be charged:	
Pay immediately or hold until: (circle one)	
Superintendent Signature:	Date: