

**Central Community School System
 Stipend Timesheet
 (Sign in sheets must be attached!)**

Project/Reason*: _____

Grant/Fund: _____

Hourly Pay Rate: _____

Project Date: _____

Last Name	First Name	Emp No**	Total Hours	Total Wage
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Total Stipend Pay	\$ -

Project Leader Signature: _____

 Principal Signature

**Must be six digits/MUNIS Emp# -THIS IS A REQUIRED FIELD!

* Project/Reason, what the stipend is for i.e. Treasures Training.

Due to payroll, approved, by 2 working days following the 10th of each month.

 Director Signature

All Stipends require Director or Superintendent Signature prior to payroll processing.

Date: _____