



## Clovis Municipal Schools

### Stipend/Additional Compensation for Work Certification

Date: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ Amount to be paid: \_\_\_\_\_

Reason for payment: \_\_\_\_\_

Description of work to be completed:

Start Date \_\_\_\_\_ Completion Date: \_\_\_\_\_

Account/Funding Code: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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- Employees must complete this form annually and have their supervisor sign it.
  - This form must be kept with the program files to support allocation of cost to this grant.
  - Completion of this form is required for all federally funded employees working on an additional/stipend payment.