Alachua County Public Schools Payroll Department Stipend Payroll Report

Location:				Date(s) of	Date(s) of Activity:				
Title:			Activity: _	Activity:					
Employee ID	L2		oyee Name		ule/Department	Rate of Pay*	Hours Worked	Total to be Paid	
* The rate of pay	per hour M	IUST conform to a be	oard-adopted salary s	chedule.			I		
FUND	TYPE	FUNCTION	OBJECT	CENTER	PROJECT	SUBPROJ	PF	ROGRAM	
	Е								
The above listed	employee(s	s) are authorized to be	e paid stipends from t	his budget.					
Activity Leader/Principal:				Date:	Date:				
Dept. Head/Project Supervisor:				Date:	Date:				
Verified:				Date:	Date:				

Form No.: FIN 920-002 – Stipend Payroll Report / Finance / Payroll New Date: 6/19/19