

Send completed forms to Human Resources
Human Resources will send to Payroll and Accounting

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
HUMAN RESOURCES
REQUEST FOR BOARD APPROVAL
CERTIFICATED STIPENDS**

Must be submitted 10 working days prior to Board Meeting

Submitted by: _____ Date: _____

RECIPIENTS: NAME LOCATION
(Please attach a list if more than 3 names)

DESCRIPTION OF ACTIVITY: (be descriptive)

ACTIVITY DATE/S: _____

hours _____ Rate of Pay: 43.727/hour – Column III, Step _____ (**PLUS** benefits) OR

Total Stipend \$ _____ (**PLUS** benefits) OR \$ _____ (MINUS benefits)

***Paid as earned:** _____ total number of pay periods; Fixed \$ amt per pay period _____

Account # _____ Dept/Site _____

Invoice for Reimbursement: _____

<u>Fixed Charges:</u>	<u>Charge</u>	<u>Acct. #</u>	<u>Amount</u>
	Stipend Amount	1135	\$ _____
	STRS (.019100)	3201	\$ _____
	Medicare (.01450)	3313	\$ _____
	Unemploy (.00500)	3501	\$ _____
	W/Comp (.02432)	3601	\$ _____
Total			\$ _____

Department Approval: _____

Signature _____ Date _____

Human Resources Approval: _____

Signature _____ Date _____

Accounting Approval: _____

Signature _____ Date _____

Categorical Budget Approval: _____

Signature _____ Date _____

Board Meeting Date: _____

Original: Human Resources

Revised 8/2022