

**GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
PAYROLL REQUISITION SCHOOL SITE USE
Reporting of Stipend
Due by the 15th of the Month**

Department/School _____

Employee Placing Order _____

Date _____

Fill out for Stipend. Please indicate Classified or Certificated .

Estimated Month to be Paid *	Employee name	Purpose/Reason	Stipend Amount
		Sub total	
	Benefit rates: Teachers/STRS 22.161%, Classified PERS 37.411%, Classified Non-Pers is 10.361%		Benefit rate
		Total	

* Month to be paid will depend on the time Fiscal receives the requisition. Paid date is the 10th of the month. If deadline is missed then it will be paid on the following payroll.

Funding/Resource	RS	Amount
Site		
Lottery		
Supplemental Concentration		
Title 1		
Title 1 Parent Participation		
Donations		
Preschool		
Transitional Kindergarten		
Sped.		
Other		

Employee: _____ Date _____

Supervisor: _____ Date _____

District Dept. approval: _____ Date _____

District Approval: _____ Date _____

Account Code	Budget Amount