



VCSBSA
CERTIFICATED EXTRA DUTY/STIPEND
Position Authorization Request Form (PAR)

District/Charter: _____

BSA Office Use

Frontline: _____

1. Employee Name: _____

2. Board Action: ☐ Add ☐ Change ☐ Delete

3. Add-On: ☐ Extra Duty ☐ Stipend ☐ Substitute

4.a. Add-On Extra Duty

1. Add-On Extra Duty Description: _____
(Board approved extra duty description)

2. Add-On Effective Date: _____ Ending Date: _____

3. Salary Schedule: _____ Monthly/Daily/Hourly Rate: _____

4. Add-On Payroll Terms ☐ Monthly ☐ One Time ☐ Bi-Annual ☐ Annual

5. Budget Amount: \$ _____

6. Funding Accounts: _____

7. Comments/LCAP Goal/Action: _____

4.b. Stipend

1. Stipend Description: _____

2. Stipend Amount: \$ _____ Budget Amount: \$ _____

3. Stipend Terms ☐ One-Time ☐ Monthly ☐ Bi-Annual ☐ Annual

4. Effective Date of Stipend: _____ Ending Date of Stipend: _____

5. Funding Accounts: _____

6. Comments/ Pay Dates: _____

Superintendent /Director's Signature: _____

Date: _____

Date of Board Approval: _____