



**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: \_\_\_\_\_