



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

District/Charter: _____

| |
|-----------------------|
| BSA Office Use |
| Smart Find: _____ |

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/LCAP Goal/Action: _____

Superintendent /Director's Signature: _____

Date: _____

Date of Board Approval: _____