

Record of District Staff Stipend Hours

Employee Name _____ District: East Rutherford

Stipend Type _____ Select: Full or Partial/Split
(Please Circle One)

September 1, 2024 - June 30, 2025

Record of District Staff Stipend Hours is Due no later than one week prior to activity ending

ANNUAL REVIEW: (Attach relevant documentation where applicable)

ACTIVITIES	DATES	#HOURS	DOCUMENTATION ~ Please provide rationale on the hours utilized during the stipend activity. Please provide details for each date provided on this form.

Total number of hours completed _____ from 9/1/2024 to 6/30/2025. Staff

Signature _____ Date _____

Supervisor’s Signature _____ Date _____

(Supervisor’s signature acknowledges receipt of annual review)