

Williams Unified School District
P.O. Box 7 - 260 Eleventh Street
Williams, CA 95987

STIPEND TIMESHEET

EMPLOYEE TO COMPLETE

Name: _____

Address: _____

Mailing

City

Zip

Signature: _____ Date: _____

SUPERVISOR TO COMPLETE

Description of Service: _____

School Site: _____

Funding Source: _____

I verify that the above named employee has fulfilled all necessary requirements to receive this stipend.

Supervisor or Athletic Director's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

DISTRICT OFFICE TO COMPLETE

Date received: _____ Contracted Amount: _____