

## 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)**