

Stipend/Extra Duty Agreement

LEA Name

Employee Name:	
Campus/Building Name:	
Employee Job Title:	
Stipend Name:	
Stipend Duties:	
School Year:	
Stipend Beginning Date:	
Stipend End Date:	
Stipend Amount:	
Accounting Code:	
Program Funding:	
Payment Frequency:	

LEA and the Stipend Recipient agree that the Stipend Recipient, in addition to the duties of his/her regular *LEA* assigned position, will carry out the required duties under the authority of the *LEA* Board and supervision of the *Principal/Program Administrator* of the stipend.

The Stipend Recipient agrees to act in accordance with all applicable laws and regulations, as well as the terms described above.

This agreement may be terminated by either party with or without cause by providing written notice to the other party. Further, the Stipend Recipient may be removed from their stipend duties at the discretion of the principal or designee prior to the actual termination of this agreement. Termination of this agreement by either party shall not, in itself, constitute cause for termination of any separate teaching or employment contract between the Stipend Recipient and *LEA*.

Principal/Originator Signature: _____ Date: _____

Stipend Recipient Signature: _____ Date: _____