



# GLENN COUNTY OFFICE OF EDUCATION

## SPECIAL ASSIGNMENT STIPEND AGREEMENT

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

*GCOE offers you the following Special Assignment for the 2023-2024 school year:*

Stipend Name: \_\_\_\_\_

Amount of Stipend: \_\_\_\_\_

Payment will be made:

10 equal payments annually  On June 30 check  Other \_\_\_\_\_

Description of services to be performed (a scope of work can also be attached):

I understand and agree to perform the services listed above and/or attached in the scope of work. I understand the stipend and any other support received through this program is taxable income and will be reported to the IRS annually.

### Signature:

Employee Signature:	Date:
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Account Code	Resource Description:

### Approval:

Dept. Administrator:	Date:
Human Resources/ Superintendent Designee:	Date: