



WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative/Professional-Technical Staff Stipends
Not Valid for ESP Staff

This agreement is made and entered into the _____ day of _____ 20____ between the Washoe County School District, herein referred to as District, and _____, herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

Upon completion of the special services provided by the Employee, the District shall make payment to the Employee a stipend in the amount described below, **exclusive of any and all travel, subsistence, and other expenses.**

Stipend payments shall be made through the payroll office and are subject to the current Federal Income Tax withholding rate for supplemental wages as detailed in Publication 15, Circular E, and Employers Tax Guide, which is published by the Internal Revenue Service. Stipend payments are also subject to Social Security taxes and Medicare taxes as applicable to the Employee's employment status. The District will report the stipend compensation as taxable income to the Internal Revenue Service and has the responsibility for payment of applicable Social Security, worker's compensation and all other benefits incidental to employment with the District.

This Special Services Agreement may only be modified by written agreement executed by both the District and the Employee.

SECTION A (Must be completed before work is done)

Employee ID #: **E000** _____ Social Security #: **XXX-XX** _____ Primary Work Location: _____

Description of Services to be Performed: _____

List Dates Worked: _____

Total Hours Worked: _____

Month of Payment: _____ Payment Amount: _____

Account Code: _____ - _____ - _____ - (select one: 61690 or 61691) - _____ - _____

Organization Key: _____ Grant Name (if applicable): _____

Employee Name: _____ Signature: _____ Date: _____

District Rep. Name: _____ Signature: _____ Date: _____

SECTION B

Supervisor Certification of Completion of Services

Supervisor Name: _____ Signature: _____ Date: _____

*If Grant funded: by my signature, I certify that 100% of these personnel services are allowable costs to the grant listed on the form and performed in accordance with all applicable federal and state regulations.

SECTION C

District Approval

Project Coord. Name: _____ Signature: _____ Date: _____

Grant Admin. Name: _____ Signature: _____ Date: _____
(if applicable)



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Instructions

- This form is intended for services provided by Certified, Administrative and Professional-Technical employees **ONLY**. It **CANNOT** be used to arrange the services of ESP employees.
- Fill-out the form electronically or print legibly to ensure accurate processing.
- All fields are required. Incomplete forms will be returned and will not be processed until the following month.
- Form due dates:
 - **GRANT stipends** are submitted to the **Grants Department** by the **8th of the month** to process in the main pay cycle of that month.
 - **GENERAL stipends** are submitted to the **Payroll Department** by the **10th of the month** to process in the main pay cycle of that month.
- **SUBMIT ORIGINAL PAPER FORMS ONLY** to avoid duplicate payments.

Document Processing Workflow

GRANT Funded Stipend	GENERAL (Non-Grant Funded) Stipend
1. The District Representative completes SECTION A (excluding the Employee Signature/Date fields) of the form <u>before or on the first day worked</u> and forwards the form to relevant parties for signatures.	
2. The Employee providing services signs and dates SECTION A of the form <u>on or prior to the first day of work</u> . The employee cannot begin work until the form is signed.	
3. Employee performs special services.	
4. The Supervisor completes SECTION B , verifying that the agreed upon services were complete.	
5. The Project Coordinator signs and dates SECTION C and forwards form to appropriate processing department:	
6. Grant funded stipends are sent to the Grants Department for approval. The Grant Administrator signs and dates SECTION C .	6. Non-grant funded stipends are sent to the Payroll Department for processing.
7. The Grants Department submits approved forms to the Payroll Department for processing.	

Definitions:

- District Representative:** Support staff member or supervisor.
Employee: Certified, Administrative, or Professional-Technical employee providing services.
Supervisor: The immediate supervisor with first-hand knowledge of the work being performed.
Project Coordinator: Person responsible for organizing special services.
Grant Administrator: Person responsible for grant.
Processing Department: Grants or Payroll Departments.