



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.

Employee ID #: E000	Social Security #: XXX-XX-
Employee Name:	Primary Work Location:
Description of Services to be Performed:	
Employee Signature	District Representative(type)
Date	Date
MUST BE COMPLETED BEFORE WORK IS DONE	

List Dates Worked:

Month of Payment: _____	Payment Amount: \$ _____	Total Hours Worked: _____
<small>(will not be made until completion of services)</small>		Grant Name: _____
		<small>(If Applicable)</small>
Account Code: _____	Organization Key: _____	/

Supervisor certification of completion of services; after the above work has been completed		
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 & performed in accordance with all applicable federal and state regulations.		

District Approvals	
Project Coordinator Signature	Grant Administrator or H.R. Approval
Date	Date

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Instructions

The Special Services Agreement is only to be used for services provided by Certified, Administrative and Professional-Technical employees. This CANNOT be used to arrange the services of an ESP employee.

This form is intended to be a fillable PDF form. If the form will not be used in this manner, all fields must be legible to assure accurate processing.

Submit completed form to Human Resources or the Grants Department (depends on funding source) by the 10th of the month. If submitted by the 10th of the month, the stipend will be paid in the main pay day of the month submitted.

All fields on this form must be filled out prior to submitting this form. If this form is not completely filled out, it will be returned and will not be processed until the following month.

1. District representative prepares the top and yellow section of the form before or on the first day worked.
2. The District Representative who completed this form prints or types their name in the appropriate field. This person can be a support staff member or a supervisor.
3. Agreement is signed by the Employee on or before the first day of work. The employee cannot start work until after signing.
4. Work is performed.
5. District Representative completes the remainder of the form with the necessary information and forwards for three supervisory signatures.
6. The immediate supervisor, who has first-hand knowledge of the work performed, signs **AND** dates the "Supervisor Certification" field to verify that services that were agreed upon have been completed.
7. Project Coordinator signs **AND** dates.
8. For district level signature and date, the form is forwarded to the Grants department for grant funding, or to Human Resources for non-grant funding.
9. Grants or Human Resources will submit the form to Payroll for processing.