Memorandum

To: Education Line Officers  
School Principals  
Business Specialists/Technicians

From: Deputy Director, School Operations

Subject: Policy and Approval Procedures – Amendment

This amends the Stipend Policy and Approval Procedures memo dated June 01, 2009 from the Deputy Director, School Operations. The Associate Deputy Director’s signature will no longer be required in the process; all other processes remain unchanged. A revised form dated January 2011 is attached for immediate use.

If you have any questions please contact Kay Hayes, Human Resources Officer at (505)563-5300 or your respective Associate Deputy Director.
STIPEND REQUEST FORM
Department of the Interior
Bureau of Indian Education

Employee Name: ____________________________ Employee SS#: ____________________________

Organization Code: ________________________ Sub-Bureau: ______________________________

STIPEND PAYMENT ELECTION

Bureau employees may elect to receive a stipend in lieu of overtime for sponsoring extracurricular activities at BIA-operated schools. If a stipend is chosen, it may be paid biweekly during the period the activity is conducted or in one sum, the pay period following the completion of the activity. The election may not be changed during the school year.

Type of extracurricular activity: ___________________________________________________________________________________

Start Date: ____________________________ Ending Date: ____________________________

Total amount of Stipend: _______________ Accounting Code: ______________________________

Payment option for stipends (Check one)

____________________ Biweekly Payment is to be prorated over the length of the activity

____________________ Lump Sum paid the first pay period after the ending date of the activity (pay period #).

I certify the following and is on file at the school:

Notice of Availability for position posted: From __________ To __________

School Board Meeting Minutes dated: ______________________________

Completed Survey of Schools dated: ______________________________

1. ____________________________ 3. ____________________________
   Employee Signature Date Education Line Officer Date

2. ____________________________
   Principal Date

Reviewed by ____________________________ Date: ____________________________

   Human Resources Specialist

Original to HR Office (DO NOT SUBMIT TO DENVER PAYROLL)
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