SAN FRANCISCO UNIFIED SCHOOL DISTRICT
SCHOOL HEALTH PROGRAMS DEPARTMENT
EXPANDED LEARNING

CERTIFICATED STIPENDS

School: _____ Board Date: _____ Total: $_____

TEACHER NAME	EMPLOYEE ID #	HOURS/DAYS	PAY RATE	TOTAL DAYS	TOTAL PAY	RACE/ ETHNICITY	SOCIAL SECURITY #

Approved Board Resolution Number: _____

12/07/01