



**GRANTS DEPARTMENT**

**Curriculum Development or Professional Development or  
Other Assigned Duties Form**

---

**SCOPE OF WORK FOR ADDITIONAL HOURLY PAY BY A PROFESSIONAL STAFF MEMBER  
(Certified, Pro Tech or Administrator)**

*This form must be completed and approved prior to any work being done.*

*Questions: Please contact Lauren Ohlin, Director of Grants or Jill Murdock, Grant Fiscal Administrator*

**Exact Grant Name:**

**Fiscal Year:**

**Account Number:**

**Name of Department or Grant Program Director of Coordinator:**

**Name of staff developing curriculum or professional learning:**

**Name:**

**School/Department:**

**Estimated numbers of hours to complete this work:**

**Scope of Work:** *(Please limit to two to five sentences).*

**What is the final product or deliverable?**

**Timeline for Deliverables:** *(i.e. First Quarter- rough draft of curriculum, 4<sup>th</sup> quarter final draft of curriculum for director approval).*

**Date:**

**Deliverable**

**When turning in stipend request form(s), please submit an updated copy of this form with any example of relevant work. For final payment, form must have the final deliverable attached or emailed to Grants Department.**

**Name of person completing form:**



**Signature and Date:** *(electronic signature ok)*

**Site administrator or Department member overseeing the Grant:** *(electronic signature ok)*

**Signature and Date:**

**Grants Department Review/ Name/Signature/ Date:**

**Revision History:**

Date	Revision Number	Modification
5/29/2019	1.0	Original