## STIPEND VOLUNTEER\*

	Name		
Volunteer:			
Location:			
Volunteer Duties:			
Volunteer's Requir			
Is the worker a current employe			
Is the worker a previous emplo	_		
Is the worker displacing a regi			
	,	3	e paid: Yes No
Is the fee a substitute for wage Is the fee tied to productivity:			
Is the fee tied to hours: Yes			
Are services provided as need		ne year: Yes	No
NOTE: IF YOUR ANSWER IS YES	TO ANY OF THE ABOVE QU	JESTIONS CONTA	ACT HR BEFORE PROCEEDING
Ctipopd**			
Stipend**: Enter Volunteer Stipend A	mount	D/	AY AS ACCOUNTS PAYABLE CHECK - NOT PAYROLL!
Litter volunteer stipend A	anoun	FF	AT AS ACCOUNTS FATABLE CITECK - NOT FATAOLE:
Authorization:			
Admonzation.			
Supervisor Signature:			
*Perminted under Department of Lab	or Opinion Letters FLSA2005-51	and FLSA2006-18	
**Annual amount over \$600 must be	reported to the IRS via forms W-	·9 & 1099 Misc	
Volunteer Stipend form			
Revised 2/08/2024			
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