

PAYROLL STIPEND AUTHORIZATION & APPROVAL FOR PAYMENT
BLUE FORM

All requests must be received by 9:30 a.m. on Friday the week before payroll.

The following individual has been authorized and approved to receive a stipend for services rendered to the school per the conditions described below:

School _____

Individual's Name _____

Assignment or Task	Date Completed
Athletic	
Extracurricular	
Advisor	
Federal Project Manager	
Saturday Detention	
After School Detention	
Tutoring	
Other	

Stipend Amount:

First Qtr. -1 ST Pay Nov.	
Second Qtr. – 1 ST Pay Jan.	
Third Quarter – 1 ST Pay April	
Fourth Quarter – 1 ST Pay June	
Next Manifest	

Account Number

Building Principal's Signature _____

Employee Signature _____

Date: _____

PLEASE RETURN HARD COPY ON BLUE PAPER TO
 SUPERINTENDENT'S OFFICE: ATTENTION PAYROLL