

**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	Amount
Athletic		\$
Extracurricular		\$
Advisor		\$
Federal Project Manager		\$
Saturday Detention		\$
After School Detention		\$
Tutoring		\$
Other: _____		\$

Stipend Amount:

First Qtr. - 1 <sup>ST</sup> Pay Nov.	
Second Qtr. - 1 <sup>ST</sup> Pay Jan.	
Third Quarter - 1 <sup>ST</sup> Pay April	
Fourth Quarter - 1 <sup>ST</sup> Pay June	
Next Manifest	

Account Number

Administrator's Signature \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

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