

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(s)	Amount
Athletic		\$
Extracurricular		\$
Advisor		\$
Federal Project Manager		\$
Saturday Detention		\$
After School Detention		\$
Tutoring		\$
Summer Work		\$
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

Administrator's Signature _____

Employee Signature _____

Date: _____

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