

STIPEND PAY REQUEST FORM

Teacher Date

I am requesting stipend pay in the amount of, _____
(\$25.00 1/2 day/\$50.00 full day)

Please provide the following information:

Type of activity: _____

Date: _____	Times: From _____ To _____
Date: _____	Times: From _____ To _____
Date: _____	Times: From _____ To _____
Date: _____	Times: From _____ To _____

(Do not include travel time)

Location: _____

Principal:	Approval: _____	Denial: _____	Date: _____
Supt. :	Approval: _____	Denial: _____	Date: _____

Teachers: After completion of the approved activity, please sign and submit a copy of this form for payment of the stipend.

I have completed the above activities as originally approved: _____
Date

Signature: _____
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TEACHER STIPEND

Teachers who perform corporation approved work (such as, curriculum, and inservice training) on non school days shall be paid on the following basis.

Full Day	\$50.00
One Half Day	\$25.00

Teachers must complete the stipend pay request form and receive principal and superintendent approval prior to participation in the activity.