

Preapproval for Stipend Request

Requests to receive stipends for attending Professional Learning or performing other duties on non-paid time must be preapproved by the superintendent or designee.

Staff Name:

Request to Receive Stipend for Attending (completed by staff member):

Date(s) of course/event:
Name of course/event:
Total number of anticipated hours:

PreApproval (completed by supervisor):

PreApproved by: (signature required)
Date:

Post-event Staff Member Assurance (completed by staff member):

I assure that I attended this course/event as indicated below.	
Staff signature required:	Date:
Total number of actual hours attended for this event:	

District Office Use ONLY		
Signature of Supervisor for final approval:	Number of Hours:	
Stipend Rates: \$100 per full day \$50 per half day \$14.29 per hr.		
Name of Program		
Account Number		
Stipend Amount		
Date Paid		