

**STIPEND REQUEST  
2016 - 2017**

All stipends must be part of the compensation plan approved by the Board of Trustees. A list of approved stipends can be obtained from the Superintendent's Office.

Even if approved by the Board, **no stipends will be paid** unless this form has been completed and submitted to the Business Office. If a new stipend is requested, the form should be submitted to the Business Office for approval by the Superintendent and the Board of Trustees.

Employee Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Requested Amount: \_\_\_\_\_  Payment over contract term  
 Single Payment Requested Date: \_\_\_\_\_

Explanation of Purpose of Stipend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO EMPLOYEE**

*This stipend is being offered to you for the 2016-2017 school year only. The District does not guarantee that you will receive this stipend, or any other stipend, for the 2017-2018 school year. In the event that you do not receive this stipend for the 2017-2018 school year, you should expect that your compensation for the 2017-2018 school year will be reduced up to the amount of the stipend, and your total compensation for the 2017-2018 school year will be based on the compensation plan adopted by the Board of Trustees.*

\_\_\_\_\_  
*Employee* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal or Director* \_\_\_\_\_  
*Date*

**BUSINESS OFFICE USE ONLY**

Authorized by Board of Trustees:  YES  NO

Approved Amount: \_\_\_\_\_ Approved Payment Date: \_\_\_\_\_

Approved Budget Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Superintendent* \_\_\_\_\_  
*Date*