



## Highly Qualified Status Stipend

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

I hereby request the one-time stipend of \$300.00 which is in accordance with the Watertown-Mayer Public Schools ISD 111 & Education MN WM-ESP agreement. Qualifications are based on the item checked below:

\_\_\_\_A. Two years of study at an institution of higher education where I have earned a minimum of sixty (60) hours of semester credits or the amount required to complete two years of full time enrollment as determined by the institution attended. (Transcripts must be provided.)

\_\_\_\_B. An Associate's Degree with an AA, AS, AAS (or higher) degree. (Transcripts must be provided.)

\_\_\_\_C. Proof of having passed a ParaPro test (Copy of Examinee Score Report)

\_\_\_\_D. Demonstrating all Minnesota Paraprofessional Core Competencies (1-8) by providing a validation of a portfolio.

The stipend will be issued to the employee through payroll and will be paid on the pay period following the receipt of the required documentation.

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

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

Superintendent Signature: \_\_\_\_\_


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

Payment made on the \_\_\_\_\_ payroll.

Payroll Signature: \_\_\_\_\_

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

1001 Hwy 25 NW  
Watertown, MN 55388

  
"Growth through Connections  
and Opportunities"  
wm.k12.mn.us

Office: (952)955-0480  
Fax: (952)955-0481