

**BELLEFONTAINE CITY SCHOOLS
EMPLOYEE REQUEST FOR STIPEND PAYMENT**

_____ is requesting payment of

\$_____ or \$_____ per hour with _____ hours worked

FOR PARTICIPATION IN THE FOLLOWING:

WORKSHOP _____

LOCATION _____

DATE _____

STIPEND FORM MUST BE SUBMITTED WITHIN 30 DAYS OF WORKSHOP DATE TO BE PAID.

Participants Signature _____

Last four digital of SS# _____

Address _____

Principal's Signature _____

Curriculum Director's Signature _____

Date _____

Account Number
(Please include all digits.)

Grant Paid From _____