



STIPEND REQUEST FORM

REQUESTING ADMINISTRATOR: _____

EMPLOYEE NAME: _____

SITE: _____ EFFECTIVE DATE: _____

STIPEND REQUESTED: _____ AMOUNT REQUESTED: _____

REASON FOR STIPEND: _____

By signing below, I understand this stipend must be approved by the administration and the Piedmont Schools Board of Education before a commitment can be made to the employee.

SIGNED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____