

MORGAN COUNTY SCHOOL DISTRICT RE-3

Stipend Assignment

☐ NEW

☐ DISCONTINUED

NAME OF SCHOOL

NAME: _____ **PHONE:** _____

ADDRESS: _____

POSITION TITLE: _____

Level: _____ **Step:** _____ Justification for step placement: _____

(Verification of placement and stipend amount will be determined by the District Human Resources Department from the negotiated schedule.)

Administrator's Signature _____ Date: _____

Employee's Signature OR _____ Date: _____
attached email for authorization