



## SOUTH BEND COMMUNITY SCHOOL CORPORATION

### MULTIPLE EMPLOYEE STIPEND PAYMENT REQUEST

ALL STIPEND REQUESTS MUST BE JUSTIFIED AND IDENTIFY A FINANCIAL PLAN

*Use this form to request a stipend payment(s) for a group of employees. Fill in this form completely then submit for review and approval from each person identified below. Once all individuals have reviewed and approved, a copy of this form will be sent to Payroll. The requesting department will then be able to enter the information into AS400 for processing.*

**Requestor's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Requestor's Department & Building Location:** \_\_\_\_\_

**Employee Names:** See attached list or Excel sheet **Total Amount of Stipends to be Paid \$** \_\_\_\_\_

**Frequency:** ☐ One-Time Payment to be paid on: \_\_\_\_\_

☐ Multiple Payments Starting: \_\_\_\_\_ and Ending\*: \_\_\_\_\_

\$\_\_\_\_\_ amount per paycheck **Frequency:** \_\_\_\_\_ (ex: every paycheck, once per month, once per quarter, etc.)

**Justification:** ☐ Professional Agreement ☐ Other: (add explanation below)

**Specific Fund Line/s for Payment:** (ex: 24-123-4-0000-12345-12345-1234 at 50% & 24-456-4-0000-67890-67890-6789 at 50%)

**Is this stipend from a grant and dependent upon grant fund availability\*** ☐ Yes ☐ No

\*A temporary, recurring stipend must be communicated IN WRITING to the receiving employees. A copy of this fully completed and signed cover sheet will suffice. The receiving employees must be told IN WRITING when the stipend will end. If the stipend is dependent upon grant funding, the employees must be told IN WRITING the stipend is contingent upon grant fund availability.

*I, the requestor, understand that no stipend shall be paid, or promised to be paid, without approval of all parties below. I attest that the stipend is justified given the reasons above. I acknowledge that I am responsible for identifying the funding source that will pay for the stipend. I attest that I have funds identified and available to pay for these charges upon receipt.*

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Approvals – signatures below indicate review and approval of this stipend request.*

**Department Head/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Financial Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent/Deputy Superintendent\*\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* For Finance Department stipends only.

### Multiple Employee Stipend Payment Request Form Continued

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