



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## SINGLE STIPEND PAYMENT REQUEST

ALL STIPEND REQUESTS MUST BE JUSTIFIED AND IDENTIFY A FINANCIAL PLAN

Use this form to request a stipend payment(s) for an employee. Fill in this form completely then submit for review and approval from each person identified below. Once all individuals have reviewed and approved, the form will be sent to Payroll for processing.

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

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

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Total Amount of Stipend: \$ \_\_\_\_\_ [total payment(s) shall not exceed this amount]

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: ☐ Added Temporary Duties ☐ Temporary Extended Work Hours (more than 8hrs/day) ☐ 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 employee. A copy of this fully completed and signed form will suffice. The receiving employee must be told IN WRITING when the stipend will end. If the stipend is dependent upon grant funding, the employee 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.