



NEW JERUSALEM ELEMENTARY SCHOOL DISTRICT

STIPEND PAYMENT REQUEST FORM

Employee Name: _____ ID #: _____

Stipend Description: _____ School: _____

Administrator: _____ Start Date: _____ End Date: _____

Stipend Amount: _____ Percentage _____

LIST OF DUTIES / ADDITIONAL INFORMATION

SIGNATURES

Employee: _____ Date _____

Supervisor: _____ Date _____

PAYROLL USE ONLY

Date received: _____ Payroll Date: _____

Account Code: _____