SAN BENITO SCHOOLS

HUMAN RESOURCES

REMOVE STIPEND FORM

Campus Name: _____

Stipend: _____

Location: _____

Funding Account: _____

Name	Emp. ID	Assignment	# of Pds	Effective Date	Stipend Amount

Principal/Director Signature: _____ Date: _____

Funding Administrator: _____ Date: _____

HR Designee Signature: _____ Date: _____