



SOUTH BEND COMMUNITY SCHOOL CORPORATION

SINGLE STIPEND PAYMENT REQUEST

Instructions: All stipends must first be approved by the School Board. First complete this Google Form [Stipend Request to School Board](#). After it's approved by the School Board, 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. ALL STIPEND REQUESTS MUST BE JUSTIFIED AND IDENTIFY A FINANCIAL PLAN

Requestor's Name: _____ E-mail: _____

Requestor's Department & Building Location: _____

Employee Name: _____ Employee ID#: _____

Total Amount of Stipend: \$ _____ Date Approved by School Board: _____
[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 Temp. Duties Temp. 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 the School Board first and 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.

Requestor Signature: _____ 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.

Employee Signature Acknowledging Temporariness of Stipend: _____