



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## MULTIPLE EMPLOYEE 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 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. ALL STIPEND REQUESTS MUST BE JUSTIFIED AND IDENTIFY A FINANCIAL PLAN

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: \_\_\_\_\_ Date Approved by School Board: \_\_\_\_\_

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

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

Justification:  Professional Agreement  Other: \_\_\_\_\_

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.

