STIPEND REQUEST FORM

Updated 7/27/2026

PLEASE SUBMIT ALL FORMS TO CCPS.COMPENSATION@CLAYTON.K12.GA.US

FORM NEEDS TO BE RETURNED BY THE 10TH OF THE MONTH TO BE PAID AT END OF THE MONTH

EMPLOYEE INFORMATION

Employee ID	Employee Name	Amount of Stipend	Dept	Description of Stipend	Stipend	Fund	Pgm	Func	Dept	Site	SAF	Future	Obj	Pay One Time Payment	Pay Over Dates Indicated	Pay Over Fiscal Year
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											0000	0000	511600	☐	☐	☐
											0000	0000	511600	☐	☐	☐
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											0000	0000	511600	☐	☐	☐

STIPEND INFORMATION

Reason for Payment(s):

SUPERVISORS INFORMATION

Print Name: Phone Extension:

E-mail Address:

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.

Signature: Date:

If stipend is paid from a grant, put the name of the grant here.

APPROVALS

Department Head

Print Name: Signature: Date:

Department Chief/Deputy Superintendent

Print Name: Signature: Date:

Chief Financial Officer

Print Name: Signature: Date:

Compensation

Print Name: Signature: Date: