

Reason for Stipend Request:

(Explain why this stipend is necessary and how it will be used to benefit the organization or department.)

[_____]

Expected Outcomes:

(Describe the expected outcomes or deliverables as a result of receiving this stipend.)

[_____]

Approval

Supervisor/Manager Name: [_____]

Supervisor/Manager Approval:

- **Signature:** [_____]
- **Date:** [_____]

Additional Notes

(Any additional information or special instructions related to the stipend request.)

[_____]

Submit Completed Form To: [Superintendent Office]

For Internal Use Only

- **Date Received:** [_____]
- **Reviewed By:** [_____]
- **Decision:** [Approved/Denied] **Authorized by:** _____
- **Comments:**
[_____]

Stipend Request Form

Date of Request: [_____]

Name of Requestor: [_____]

Department/Organization: [_____]

Position/Title: [_____]

Contact Information:

- Email: [_____]
- Phone Number: [_____]

Name of Employee: [_____]

Employee ID Number: [_____]

Position/Title: [_____]

Contact Information:

- Email: [_____]
- Phone Number: [_____]

Stipend Details

Purpose of Stipend:

(Please provide a brief description of the purpose of the stipend and how it aligns with organizational goals.)

[_____]

Stipend Code: [_____] Amount: [_____]

Duration of Stipend:

(Provide details on the period the stipend will cover, e.g., one-time, monthly, etc.)

[_____]

Justification