

NOVATO UNIFIED SCHOOL DISTRICT

STIPEND REQUEST

PART I: Completed by Site / Department Administrator

Name	Employee ID #	Works Site / Department
<input type="checkbox"/> BTSA		<input type="checkbox"/> Site Coordinator
<input type="checkbox"/> Coach		<input type="checkbox"/> Student / Teacher Contract
<input type="checkbox"/> Conflict Mediation Coordinator		<input type="checkbox"/> Student Advisor / Activities
<input type="checkbox"/> Consultant		<input type="checkbox"/> Student Body Advisor
<input type="checkbox"/> Custodial Team Leader		<input type="checkbox"/> Student Teacher Advisor / Mentor
<input type="checkbox"/> Facilitator		<input type="checkbox"/> Teacher Trainer
<input type="checkbox"/> Mathlete Coach		<input type="checkbox"/> Thursday Club
<input type="checkbox"/> Moving		<input type="checkbox"/> Tutor
<input type="checkbox"/> New Student Orientation Training		<input type="checkbox"/> Yearbook Coordinator
<input type="checkbox"/> PAR Panel		<input type="checkbox"/> _____
<input type="checkbox"/> Presenter		<input type="checkbox"/> _____

Employee Signature	Date
Total Stipend Amount: \$ _____ # of Payments: _____	
<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly	
<input type="checkbox"/> Other:	

BUDGET #:

Site / Department Administrator Approval	Date
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PART II: Completed by Business Services

<input type="checkbox"/> Invoice to be processed <i>(copy to be sent to AR)</i> Account #: _____	<input type="checkbox"/> Budget # verified
Business Services Administrator	Date