

ARLINGTON PUBLIC SCHOOLS)

Hourly/Project Stipend Request)

Stipend Information

Employee Name: _____

Department/School: _____

Stipend Requested: _____

_____ Hourly Rate (\$25)

_____ Project Basis

If hourly, please describe the work to be done and state the number of hours estimated for the work to be completed.

If project, please state the nature of the project, time for completion of the project, and the requested stipend to complete the project.

Employee Signature

Date

Principal/Supervisor Approval

Signature

Superintendent Approval

Signature