

Arlington Public Schools

Hourly/Project Stipend Request

Stipend Request Information

Employee Name: _____

Department/School: _____

Stipend Request: _____

Account to Charge: _____

Chose One: Hourly Rate _____ (\$25.00) Project Basis _____

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

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

Approval Signatures

Principal/Supervisor/Department Head, Signature of Approval

Date

Central Office Use Only

Account to Charge: _____

Amount: _____

Chief Financial Officer, Signature of Approval

Date

Superintendent, Signature of Approval

Date