

COMMUNITY UNIT SCHOOL DISTRICT # 303

Authorization For Stipend Payment

*** Certified Staff Only ***

Name of Activity: _____

Project Coordinator: _____

Account #: Account Number is required for processing

Account Name: _____

Approval Budget Supervisor: _____
Indicates approval

Date Signed: _____

FULL NAME OF EMPLOYEE	EMPLOYEE SIGNATURE	A#	Date & Time Worked	# Hrs Worked	\$ Hrly	\$ Amount Due	Retirement Track?

Submit Completed/Approved form to PAYROLL within 1 Week of Completed Activity
Forms without Approval & Account # will be returned.

Note: Employees on the 6% Retirement track should be listed here, but will not be paid.