

REQUEST FOR A STIPEND/STIPEND INCREASE

Job Title for Requested Stipend: _____

Check one: Professional ___ Paraprofessional ___ Auxiliary ___

New Stipend Request: Yes or No Requested Stipend Amount: _____

Existing Stipend/Request for Increase: Yes or No Current Stipend Amount: _____
Requested Stipend Amount for an Existing Stipend: _____

Number of Employees Who Would Receive the Stipend: _____

Total Amount Requested: _____

Funding Source: General Operating Fund ___ Special Revenue Funds ___ Grant ___

If grant or special funds, indicate source of funding:

Attach the following with the request:

1. Attach a statement from the supervisor describing the justification for the stipend request.
2. Attach the *proposed* job description for the new stipend.

Submit All Documents Electronically to the Chief Human Resources Officer.

Printed Name/Signature of Requestor Date

Printed Name/Signature of Requestor's Supervisor Date

Printed Name/Signature of Deputy Supt. and/or Chief Officer Date

APPROVED for Consideration by Superintendent's Leadership Team: _____

APPROVED by Supt. Leadership Team to present to Board for approval: _____

DENIED by Leadership Team _____ Reason: _____

Chief Human Resources Officer Signature Date

**Please note that all additional positions require Board approval.
Review DC (LOCAL) Administrative Regulation