

SAU #88 STIPEND PAY FORM

_____ **Advisor**
_____ **Assistant Principal**
_____ **Coordinator**
_____ **LJHS Co- Curricular**
_____ **LHS Co-Curricular**
_____ **Other** _____

Name: _____

Date Activity Completed: _____

Period: _____

Seasonal _____ **Quarterly** _____ **Annual** _____

Budget Account #: _____

Contract Amount: _____

All duties have been completed as required:

Yes _____ **No** _____

Supervisor's Signature: _____

Date: _____

SAU Authorized Signature: _____

Date: _____

Notes:

1. The approval of all parties to a corresponding contract will be the prerequisite for payment.
2. Allow two (2) weeks for payroll processing.

Copy to: **Payroll** _____
Date

Personnel _____
Date