

Birmingham City Schools
Human Resources Department
STIPEND PAYMENT REQUEST FORM

Department Head:	Date:
Name of Workshop:	
Stipend Amount:	Per day/: Per hour/:
Date(s) of Workshop:	Time From: To:

<u>Social Security or Employee Number</u>	<u>Name</u>	<u>School</u>	<u>Certified</u>	<u>Non-Certified</u>

Principal/Supervisor/Department Head

Chief Financial Officer

Chief Human Resource Officer

Assistant Superintendent – Federal Programs *(Only if Title I Funded)

General Ledger Number : _____ **Initial** _____

<u>Social Security/ Employee Number</u>	<u>Name</u>	<u>School</u>	<u>Certified</u>	<u>Non-Certified</u>

Initial _____