



Stipend Payment Request Rationale

(Please complete and submit with your STIPEND PAYMENT REQUEST FORM.)

School: _____

Describe the kinds of activities, job responsibilities and/or duties associated with the employee(s) listed on the stipend request submitted.

Name of Workshop (check one): _____ Tutor _____ Parent Coordinator
____ Other: Please specify, _____

**Be sure to include each employee's name as it appears in tcert.alsde.edu.*

Job Responsibilities/Duties: _____

Principal Signature _____ **Date:** _____

**Please note that you must submit a STIPEND PAYMENT REQUEST FORM in addition to this form.*