



Los Alamos Public Schools
 "We prepare confident, life-long learners."

STIPEND REQUEST FORM

School/ Department (check one): Aspen ES Barranca ES Chamisa ES Mountain ES Pinon ES

Los Alamos MS Los Alamos HS Athletic Department Business Services Custodial

Student Services Transportation Facilities Freshman Topper Academy

_____ (other, please describe)

Stipend Requestor (administrator): _____ **Stipend Title** _____

School Year: _____ **Amount: \$** _____ **Start Date** _____ **End Date** _____

Employee Name: _____ **Employee Signature:** _____ **Date:** _____

Criteria (check all that apply):

- Meets Board Policy, State Statute, and/or Federal requirements (describe below)

- Is aligned to district/school/site strategic plans and instructional goals (describe below)

- Is directly related to district approved academic or athletic interscholastic activities (describe below)

Description of the added work and responsibilities to be completed:

DESCRIPTION OF PAY OUT WILL BE PLACED HERE.

For Administrative Use Only

① Site approval: Approved Denied

Administrator: _____ Date: _____

② Account Code: _____

CFO: _____ Date: _____

Comments:

--