

**Spearfish School District
525 East Illinois
Spearfish, SD 57783**

REQUEST FOR STIPEND

Name of Employee: _____

Please complete the **Request for Stipend** form and return it to the Business Office for approval.

1. I request a stipend payment of _____.
(Actual payment will be minus taxes and benefits.)

2. The dates for this work will be:

3. The location for this work will be:

4. Please give a brief description of the curriculum work to be accomplished:

Account # _____

Teacher's Signature

Date

Supervisor's Signature

Date

Business Manager's Signature

Date