



Supplement Request Form

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|---------------------------|--------------------------------|
| Stipend Title: | Job Code: |
| Department/School: | Department Leader Name: |
| Pay Frequency: | Stipend Amount: |

PURPOSE: Explain the purpose for the stipend.

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ELIGIBILITY: Outline steps that will determine eligibility.

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| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

REQUIREMENTS: What requirements MUST be met to receive the stipend?

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| 1. |
| 2. |
| 3. |
| 4. |

ELIGIBLE POSITIONS: Please submit all of the eligible positions titles that will receive this stipend:
Note: Only positions listed below will be eligible for payment; all others will be denied.

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| 1. |
| 2. |
| 3. |

ADDITIONAL INFORMATION: If you have any additional information please list below.

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Stipend Approvals:

Department Chief

Date

Compensation Manager

Date

NOTE: Submit form to stipendrenewal@scsk12.org