

# CLINTON-MASSIE LOCAL SCHOOLS

## Stipend Authorization and Payment Form

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To be completed by the Supervisor:

Authorization of completion of duties for stipend listed below:

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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To the employee: Your stipend in the amount of \_\_\_\_\_ (per Board action)  
has been approved for payment.

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To be completed by Payroll Administrator:

The above payment is approved for processing.

Payroll Date: \_\_\_\_\_ Treasurer \_\_\_\_\_

Notes: