



UNITED INDEPENDENT SCHOOL DISTRICT MONTHLY STUDENT STIPEND REQUEST

Date of Request _____

Please fill-in all blanks with appropriate information or N.A. (Not Applicable) or your request will be delayed.

STUDENT INFORMATION

Name _____

Social Security # _____

Address _____

Campus _____

The _____ program at _____ School allows students to train part time within the district.

This job enables a student to demonstrate job readiness skills, such as promptness, responsibility, and initiative. A student A student stipend will be paid during this working period.

Student trainee _____ reported to training site on the days indicated below (please circle days):

MONTH:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

for _____ hr(s) daily for a total of _____ hours. The student trainee will be paid at the rate of \$ _____ per hour.

CHECK WILL BE MAILED

TOTAL STIPEND TO BE PAID : \$ _____

Student Signature Date

Immediate Supervisor Date

Vocational Adjustment Coordinator Date

Principal Date

Budget codes must be completed by the appropriate personnel before stipend will be approved.

Fund/Yr. Func. Org. Prog. Code Local Option object Sub Object

FOR ACCOUNTING OFFICE USE ONLY

Budget Accountant Date

Accounting Department Date