



# HARRISON COUNTY SCHOOLS

## REQUEST FOR STIPEND PAYMENT FORM

Employee Name \_\_\_\_\_ ID # 93300 \_\_\_\_\_

School Name \_\_\_\_\_

Program Description \_\_\_\_\_

Day of the Week	Date	Times worked (example 3:00 – 5:00 P.M.)	Total Hours Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total Hours Worked \_\_\_\_\_ @\$35.00 per hour = \$ \_\_\_\_\_

Account Code \_\_\_\_\_

Employee Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

County Office Approval (as necessary) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_