



CHILLICOTHE CITY SCHOOLS

Form 21.03

ACADEMIC STIPEND APPROVAL OF PAYMENT APPLICATION (Submit in Duplicate)

Name _____ Soc. Sec.# _____

Date _____

I request approval of the following courses for payment of the Academic Stipend in accordance with Section 9.04 of the Master Agreement. I understand these courses; if approved, will also be counted for advancement on the salary schedule.

I. Institution _____

II. Courses

Date Course Ends	Course No.	Description	Indicate Semester or Quarter Credits

III. Graduate program/appropriate hours/payment/signature.

A. Approved graduate program. If courses are part of an approved graduate program, list your major and the name of your adviser.

Major _____

Adviser _____

B. Appropriate hours. Give reasons for taking the courses listed above in relation to your present assignment or a potential assignment.

C. Payment. Amount of Academic Stipend requested \$ _____

D. Signature _____ Date _____

.....
Acknowledged _____

Approved _____

Principal _____

Superintendent _____

PROCEDURE:

- Teacher** - Submit your completed application for approval of payment of academic stipend to the central office.
- Central office**
 - Return a copy of the application and requisition/ purchase order to the teacher.
 - Encumber the funds for payment of approved stipend.
- Teacher** - When the course taken has been completed, in order to recent payment, send an official transcript from the college or university showing completion of the course and a copy of the receipt or check verifying payment for the course to the personnel office.