

Ravena-Coeymans-Selkirk Central School District  
15 Mountain Road, P.O. Box 100  
Ravena, NY 12143

## MENTOR STIPEND FORM Part-Year Professional Stipend Claim Form

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

In accordance with the Ravena-Coeymans-Selkirk Central School District Mentor Program, you are entitled to a stipend for mentoring a new teacher throughout the year. Please complete the information below and send it to the Business Office so this payment can be processed.

<b>SEMESTER ONE</b>	<b>September 20 ____ – January 20 ____</b> <b>\$1,000.00 (Please initial) ____</b>
Supporting Information (MENTEE) _____	
Please consider this as a claim for the Mentor stipend. It is understood that approval for stipend is based on successful completion of the duty and submission of any approved documentation.	

<i>By my signature below, I do hereby certify that I have rendered the services for the semester as per the bargaining agreement and supervisor's expectations, and that the amount stated above is in fact due.</i>	
_____ Teachers Signature	_____ Date

<i>I certify that the services indicated above have been satisfactorily rendered and approve the payment above per district policy.</i>	
_____ Principal's Signature	_____ Date

<i>I have reviewed the above claim and approve for payment.</i>	
_____ School Business Official	_____ Date