

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

Ravena, NY 12143

ADMINISTRATOR MENTOR STIPEND FORM

Part-Year - #1 - Professional Stipend Claim Form

Administrator: _____ **School/BLDG:** _____

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

(#1) 6 MONTH ANNIVERSARY Date started _____ **-TO-** 6 months _____
\$1,000.00 (Please initial) ____

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.

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.

Mentor's Signature

Date

I certify that the services indicated above have been satisfactorily rendered and approve the payment above per district policy.

Assistant Superintendent's Signature

Date

I have reviewed the above claim and approve for payment.

School Business Administrator's Signature

Date