Stipend Authorization Form

Eden Central School District

3150 Schoolview Road
Eden, New York 14057

Employee: _____ Social Security #: _____

Address: _____

_____ Date: _____

Start Time	End Time	Reason for Stipend	Total Hours Worked
_____ : _____	_____ : _____	Boys Girls Mod JV V JV/V Sport _____ Opponent _____ Announcing Chain Crew Clock Scoreboard Score Book Security Shot Clock	

_____
Employee Signature Date

_____
Supervisor Signature Date

_____
BUDGET CODE

(White)