

# Stipend Authorization Form

## Eden Central School District

3150 Schoolview Road  
Eden, New York 14057

Employee: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Start Date	End Date	Reason for Stipend	Amount

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

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
BUDGET CODE