

Forest City Regional School District

Activity Advisor Salary Request Form

This form should be used when you are requesting payment for a stipend position.

It should not be used for a position that is paid an hourly rate.

Name: _____ Position: _____

Is this a shared position? _____ (Yes or No) If yes, with whom? _____

Total # of years for this position: _____

Amount of Salary to Be Paid With This Request: _____ 50% _____ 100%

You must have earned the percentage requested before receiving compensation for it.

Trip Chaperones:

Destination: _____

Dates of Trip: _____ - _____

Total # of Days Requested for Compensation: _____

Date Appointed By School Board to Position: _____

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____