

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

Ravena, NY 12143

ADMINISTRATOR MENTOR STIPEND FORM

Part-Year - #2 - Professional Stipend Claim Form

Administrator: _____ **School/BLGD:** _____

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.

(#2) 1 year anniversary	Date: _____ - TO- year 1 complete _____ \$900.00 (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.	

<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>	
_____	_____
Mentor's Signature	Date

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

<i>I have reviewed the above claim and approve for payment.</i>	
_____	_____
School Business Administrator's Signature	Date