

Ravena-Coeymans-Selkirk Central School District
15 Mountain Road, P.O. Box 100
Ravena, NY 12143

MENTOR STIPEND FORM
Part-Year Professional Stipend Claim Form

Teacher: _____ School: _____

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

SEMESTER TWO	February 20____ – June 20____
	\$962.50 (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>	
_____ Teachers Signature	_____ Date

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

<i>I have reviewed the above claim and approve for payment.</i>	
_____ School Business Official	_____ Date