

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 ONE**                      **September 20 \_\_\_\_ – January 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.

*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.*

\_\_\_\_\_  
Teachers Signature

\_\_\_\_\_  
Date

*I certify that the services indicated above have been satisfactorily rendered and approve the payment above per district policy.*

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

*I have reviewed the above claim and approve for payment.*

\_\_\_\_\_  
School Business Official

\_\_\_\_\_  
Date