



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

REQUEST FOR ALTERNATE ASSESSMENT STIPEND

Name: _____ Supervisor: _____

Program: _____ Unit Location: _____

The supervisor must preapprove this form before services are provided. The supervisor will issue final approval before the form is submitted for payment.

According to the Certified Staff Bargaining Unit Agreement, classroom teachers required to provide an alternate assessment(s) shall be paid \$125 upon completion of each alternate assessment. This stipend shall not exceed \$550 per teacher per school year. The stipend shall be paid at the end of the school year.

Student Name	Alternate Assessment Completion Date

Total Completed ____ x \$125 = _____ (Not to exceed \$550)

This form must be submitted to the treasurer’s office no later than June 1 for payment to be issued.

Initial Employee Signature: _____ Preapproval Submission Date: _____
 Preapproval by Supervisor: _____ Preapproval Date: _____
 Final Employee Signature: _____ Final Submission Date: _____
 Final Supervisor Approval: _____ Final Approval Date: _____