



REQUEST FOR IEP TEACHER 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 responsible for writing three or more IEPs shall be paid \$50 per IEP written, excluding conferences. This stipend shall not exceed \$550 per classroom teacher per school year. In lieu of any portion of the stipend, a teacher may be granted up to three days of release time per year to conduct IEP activities excluding conferences. The stipend shall be paid at the end of the school year.

Student Name	Release Time (Not to total more than 3 days)	Stipend (\$50 per IEP not to exceed \$550)
Total		

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: _____

