## **MORGAN COUNTY SCHOOL DISTRICT RE-3**

## Stipend Assignment

NEW		DISCONTINUED		
			NAME OF SCHOOL	
NAME: _ADDRESS:				
POSITION	TITLE:			
Level:	Step:	Justification for step placement:		
	of placement a	nd stipend amount will be determined bile.)	y the District Human Resources Depart	tment
Administrator's	s Signature		Date:	
Employee's Signature ORsee attached email			Date:	
NEW		Stipend Assignment  DISCONTINUED		
		<u>—</u>	NAME OF SCHOOL	
NAME:			PHONE:	
ADDRESS: POSITION				
	Step:	Justification for step placement:		
		nd stipend amount will be determined b		
	gotiated schedu			
Administrator's	s Signature		Date:	
Employee's Sig	nature OR ed email		Date:	