

MORGAN COUNTY SCHOOL DISTRICT RE-3

Stipend Assignment

NEW

CONTINUING

DISCONTINUE

NAME: _____ **PHONE:** _____

ADDRESS: _____ **SS#:** _____

POSITION TITLE: _____

Level: _____ **Step:** _____ Justification for step placement: _____

(Verification of placement and stipend amount will be determined by the district personnel office from the negotiated schedule.)

Athletic Director or Administrator's Signature _____ Date: _____

Employee's Signature _____ Date: _____

White: Personnel Office
Yellow: Administrator
Pink: Employee

OFFICE USE
REPLACING _____

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