



**SAN DIEGO UNIFIED SCHOOL DISTRICT
Payroll Department**

Annual Supervision Stipend Payment Request

Instructions: Please complete this form to request supervision stipend payments to eligible employees at your site.

School	Semester	School Year
	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	

Name	Employee ID	Semester Dates

As Principal of the above named school, I certify that the above employees have performed supervision services in accordance with the current bargaining unit agreement and are eligible to receive the applicable stipend.

Authorization: _____
Signature of Principal

Date: _____

For Payroll Use Only
Checked by:
Date Paid:

When the semester is COMPLETED, send this form to the Payroll Department (Room 1150) by one of the following methods:

- Email an electronic copy to payroll@sandi.net
- Fax a copy to (619) 686-6729
- Mail a copy to:SDUSD Payroll Dept., 1150 Normal St, Room 1150, San Diego, CA 92103