

**Request for Stipend/Comp Time**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Date Worked:** | Click or tap here to enter text. |

**I would like to request:**

|  |  |
| --- | --- |
| Click or tap here to enter text. | **Hours of comp time** |
| Click or tap here to enter text. | **Dollars in a stipend** |

|  |  |
| --- | --- |
| **Reason for Comp Time:** | Click or tap here to enter text. |

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Signature

**\*Hours must be in full hour increments.**

**\*Email or Fax form and any attachments to GST Office:**

 **Fax: 701-788-2802**

 **Email:** **karen.eliason@k12.nd.us**

**Below is filled out by GST office staff ONLY:**

|  |
| --- |
|[ ]  **Approved** |
|[ ]  **Denied** |

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

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Signature