

**HUDSON PUBLIC SCHOOLS
REQUEST FOR SPECIAL PAYMENT FORM**

Make check payable to:

NAME _____ SCHOOL _____
(regular workplace)

Position/Title (regular position) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FOR STIPEND/SPECIAL PAYMENT REQUEST

EVENT/ACTIVITY _____ LOCATION OF EVENT/ACTIVITY* _____

*Note: Tutors – enter name of school that student attends

POSITION/TITLE FOR EVENT/ACTIVITY _____ AMOUNT REQUESTED _____

If applicable: TOTAL HOURS WORKED _____ RATE/HOUR _____
(enter dates and hours worked below)

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

Employee Signature

Date

(THIS FORM MUST BE SIGNED BY EMPLOYEE)

FOR ADMINISTRATIVE USE ONLY:

Fund Supt Budget Resp Ctr Loc Dept Grant or Town DOE Function DOE Obj DOE Area SUB Object
ACCOUNT # - - - - - - -

YOU MUST FILL IN THE FULL BUDGET SENSE ACCOUNT NUMBER FOR ALL REQUESTS

Supervisor/Principal Signature Date

Activity/Program Director Signature Date

FOR OFFICE USE ONLY

ID# _____ Pensionable Non-pensionable

M K B

Notes: _____

RECEIVED BY PAYROLL