ARLINGTON CENTRAL SCHOOL DISTRICT

TO: Dr. Philip Benante, Superintendent of Schools

FROM:

RE: The following are recommended for a co-curricular stipend for the ______ school year:

MONTH PAID STIPEND BUILDING NAME ACTIVITY % (circle one) 1/2 Dec Dec April June 1/2 June 1/2 Dec Dec April June 1⁄2 June 1/2 Dec Dec April June 1/2 June 1/2 Dec Dec April June 1/2 June April Dec June 1⁄2 Dec 1/2 June Dec April June 1/2 Dec 1⁄2 June Dec April June 1/2 Dec 1⁄2 June Dec April June 1/2 Dec 1/2 June Dec April June 1/2 Dec 1⁄2 June Dec April June 1⁄2 Dec 1⁄2 June

SCHOOL YEAR:

PRINCIPAL'S SIGNATURE

NAME	BUILDING	ACTIVITY	STIPEND %	MONTH PAID (circle one)			
				Dec	April	June	¹ ⁄₂ Dec 1∕₂ June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	1⁄2 Dec 1∕2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1/2 Dec 1/2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	1⁄2 Dec 1⁄2 June
				Dec	April	June	¹ ⁄₂ Dec 1∕₂ June