

# ARLINGTON CENTRAL SCHOOL DISTRICT

**TO:** Dr. Philip Benante, Superintendent of Schools

**FROM:**

**RE:** The following are recommended for an intramural stipend for the \_\_\_\_\_ school year:

WHERE APPLICABLE, PLEASE NOTE THAT ID BADGES FOR NON-DISTRICT PERSONS WILL BE ACTIVE FOR THE DATES INDICATED BELOW:

FALL (DECEMBER PAYMENT): AUGUST 1 THROUGH DECEMBER 30

WINTER (APRIL PAYMENT): DECEMBER 1 THROUGH APRIL 30

SPRING (JUNE PAYMENT): APRIL 1 THROUGH JUNE 30

NAME	BUILDING	ACTIVITY	STIPEND %	MONTH PAID (circle one)			
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
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				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June
				Dec	April	June	$\frac{1}{2}$ Dec $\frac{1}{2}$ June

PRINCIPAL'S SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

[illegible]