

**SAN DIEGO UNIFIED SCHOOL DISTRICT  
Payroll Unit**

**Annual Supervision Stipend Payment Request**

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School	Semester	School Year
	Fall ____ Spring ____	

**Instructions: Please complete this form to request supervision stipend payments to eligible Vice Principals at your site. Send the completed form to the Payroll Department (Room 1150) when the semester is COMPLETED.**

Name	Employee ID	Semester Dates

**As Principal of the above named school, I certify that the above Vice Principals have performed supervision services in accordance with Section 10.00 of the management salary schedule and are eligible to receive the appropriate stipend.**

**Submitted:** \_\_\_\_\_  
Signature of Principal

**Date:** \_\_\_\_\_

<b>For Payroll Use Only</b>
<b>Checked by:</b>
<b>Date Paid:</b>