Mountain Empire Unified School District

BILINGUAL STIPEND APPLICATION

CLASSIFIED EMPLOYEES

NAME:		DATE:
Current Position:		Location:
Language (other than Er	glish):	
stipend equivalent to five to require, as part of the Article 7.18.2 "The determinant of the District, based on the District, based on the District."	e percent (5%) of annual salary to eir day-to-day duties, significant us rmination of which applicants are t strict's determination of the need	"The District agrees to pay a bilingual classified employees deemed by the District e of a language other than English"; and to be awarded stipends will be made by the s of a particular school/department and the hereby apply for a bilingual stipend:
In the box provided, ple used:	ase explain your reason for this re	equest and how your bilingual ability will be
uscu.		
Signature of Employee_		
Principal/Supervisor Jus	tification:	
I recommend this emplo	oyee receive the bilingual stipend	☐ Yes ☐ No
Signature of Principal/Su	upervisor	Date:
1) the end of the school route changes. Classifier	year in which the stipend is award	pend shall continue to receive it until either: ed; or 2) the employee's assignment/bus tipend may reapply for a bilingual stipend for bute.
	FOR DISTRICT OFFI	
Passed Bilingual Assessn	nent and Date:	
Approved	Not Approved	
Superintendent		Date: