CMCSS

Bus Driver Referral Bi-Weekly Stipend Form
(must be submitted each pay period to receive the stipend)

Employee Name:	**Munis ID #:**
Newly-Hired Bus Driver Employee Name:	**Supervisor Name:**
¹Payroll Beginning Date:	**¹Payroll Ending Date:**
Program/Event/Purpose: Bus Driver Referral Stipend	**Budget Account Code:** BSQ000EY-514000

Acknowledgement:

I understand that the following conditions and requirements must be satisfied to receive the bus driver referral stipend. The payments will begin upon the end of the following month of the newly hired drivers hire date. Payments will be paid during the payrolls in the calendar school year (191 day schedule), and no payments will be made during the summer. Payments will resume during my first pay period in August upon submission of this stipend form.

I understand that the referred driver must be an active, full-time bus driver and I must be an active, full-time bus driver, bus aide or bus monitor to receive the Referring Driver Stipend. If the bus driver is not actively driving (see TRN-P041), any remaining portion of the stipend is forfeited. If I or the newly-hired bus driver miss a total five days during the stipend payout period or have a change of status, resign, or is terminated before the full amount is paid, any remaining portion of the referral stipend is forfeited. I agree and understand all the conditions of the bus driver referral stipend as described in the administrative policy TRN-A027.

I understand that if I am overpaid for any reason related to the referral stipend, CMCSS will deduct the overpaid amount from future paychecks, and if no future paychecks occur, I will be responsibly for paying CMCSS any overpaid amounts.

Employee Signature: _____ **Date:** _____

Week 1

	Date	Mark if Absent		Reason for Absences
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 2

	Date	Mark if Absent		Reason for Absences
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

$50.00 Increments per pay period	
Total Amount to be Paid	

Driver Supervisor Signature: _____ **Date:** _____

Driver Program Manager: _____ **Date:** _____