



Newly-Hired Bus Driver Sign-On Authorization Form
(for Bi-Weekly Stipend)

Employee Name:	Munis ID #:
Referring Employee Name:	Supervisor Name:
¹ Payroll Beginning Date:	¹ Payroll Ending Date:
Program/Event/Purpose: Newly-Hired Bus Driver Sign-On Stipend	Budget Account Code: BSQ00000-51 8900
Driver Signature:	
Acknowledgement: <i>I understand that the following conditions and requirements must be satisfied to receive the Newly-Hired Bus Driver Sign-on Stipend. The payments will begin upon the end of the following month of my hire date. Payments will be paid during the payroll 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 I must be an active, full-time bus driver to receive the sign-on stipend.</i>	
If I am not actively driving, the stipend is forfeited. (TRN-P040) If I miss a total of five days during the stipend payout period, change my driving status, resign, or is terminated before the full amount is paid, the remainder of the sign-on stipend is forfeited. I agree and understand all the conditions of the sign-on stipend as described in the administrative policy TRN-A028.	
I understand that if I am overpaid for any reason related to the sign-on stipend, CMCSS will deduct the overpaid amount from future paychecks, and if no future paychecks occur, I will be responsible for paying CMCSS any overpaid amounts.	
Approved	Disapproved
Signature: _____ Student Transportation Manager	Date: _____