

BALDWIN-WHITEHALL SCHOOL DISTRICT

REQUEST FOR PAYMENT – MENTOR

School Year _____

1st Semester _____ 2nd Semester _____

(Check 1st / 2nd Semester)

Print Mentor Teacher's Name _____

Building _____

Print Inductee's Name _____

_____ Entire Semester

_____ Partial Semester

Start Date _____

End Date _____

Mentor Teacher's Signature

Date

Principal's Signature

Date

Superintendent / Designee's Signature

Date

Business Manager's Signature

Date

One payment will be made at the end of each Semester.

2015-16	2016-17	2017-18	2018-19	2019-20
\$487.00 per semester				

PLEASE FORWARD TO THE ASSISTANT SUPERINTENDENT