

MENTOR STIPEND APPEAL PROCESS



Before you proceed, please read the following:



- 1) Mentor stipend payments for the 2001-2002 school year are paid on the May 22, 2002 or June 5, 2002 paychecks.
- 2) If you are a mentor for a Houston ISD ACP intern (in any cycle - traditional or rolling) and did not receive payment, contact the Alternative Certification Program office at 713-892-6833.
- 3) If you are a mentor for a Region IV or UH intern, the mentor stipend will be paid on June 5, 2002.
- 4) If you did not receive a stipend, consider if the beginning teacher you were assigned has any previous years of experience in teaching.
- 5) **DEADLINE for submitting an appeal for the 2001-2002 school year is June 12, 2002.**
- 6) Professional Development Services will notify the appropriate district office of all appeals submitted.
- 7) **All 4 required sections of the form should be completed before submitting. Please submit form with your Principal 's signature prior to any inquiries by phone or e-mail.**

For any appeals for mentor payment, complete the 'Stipend Appeal form' and submit a completed copy to the following person(s):

Houston ISD Alternative Certification Mentor:

- Sara Gallo (rolling cycles), Sharon Lekawski, Loretta Shaw
- (713) 892-6833 or (713) 892-7559
 - (713) 892-7120 fax

All other mentors:

Melanie Evans-Smith, Professional Development:

- by school mail at Route 10;
- by fax (713) 892-7642; or
- at 3233 Wesleyan, Building A (2nd Floor).

MENTOR STIPEND APPEAL

Complete all 4 required sections of the form, before submitting. Please submit form with your Principal 's signature prior to any inquiries by phone or e-mail.

1 Name: _____ Mentor ID #: _____
School: _____ Campus #: _____ District: _____
School Phone #: _____ School Fax #: _____
Home Phone #: _____ E-mail _____ @ _____
Not Route #

2 Mentee _____ Mentee ID# _____
Program: _____ HISD ACP _____ University/Region IV ACP _____ Other: _____
School _____ Start Date in Teaching _____

3 **Problem:** _____ Did not receive stipend.
_____ Amount of stipend questionable. I received \$ _____.
_____ Other: _____

Comments: _____

4 _____
TEACHER's SIGNATURE **DATE**

PRINCIPAL's SIGNATURE **DATE**

For Professional Development Use Only:

<p>Reason for non-payment:</p> <p><input type="checkbox"/> Mentee not eligible for mentor</p> <p><input type="checkbox"/> Mentor did not receive training</p> <p><input type="checkbox"/> Mentor did not complete requirements</p> <p><input type="checkbox"/> Mentor not eligible</p>	<p>Date Received: _____</p> <p>ACTION TAKEN:</p> <p><input type="checkbox"/> Payment of Stipend amount \$ _____ on _____, 2002 paycheck.</p> <p><input type="checkbox"/> Payment not granted.</p> <p><input type="checkbox"/> Other: _____</p>
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Comments: _____

Professional Development Services

Please send or fax forms to: Professional Development Services
Melanie Evans-Smith
Route #10 or Fax # 713-892-7642

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