

School District of Lodi PDP Stipend



PART 1 – ADMINISTRATIVE PRE-APPROVAL

Present this form along with your PDP to your School District of Lodi administrator. The administrator will review your plan for relevance to the School District of Lodi’s mission and philosophy.

Employee Name (please print): _____

Employee signature: _____ Date ____/____/____

I have reviewed the above employee’s PDP plan and verified its relevance to the SDL’s mission and philosophy:

Administrative Pre-Approval: _____ *Date* ____/____/____

PART II – FINAL APPROVAL

Submit this same form with Part I signatures to your administrator with verification that your PDP was completed, i.e., the PDP Team Review Verification Form.

Employee signature: _____ Date ____/____/____

I approve payment of the PDP stipend, (\$600) to the above employee.

Administrative Final Approval: _____ *Date* ____/____/____

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PART III – SUBMISSION

Submit this signed form along with the PDP review team verification proof to the District Office (HR) for payment of stipend.