



Stipend Request

1. Name (separate form required for each person)			
2. Today's Date		Employee ID:	
3. Employee Group	<input type="checkbox"/> Faculty	<input type="checkbox"/> Adjunct	
4. Stipend Amount	\$	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly	
		<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other (explain below)	
5. Stipend Begin / Effective Date			
6. Stipend End Date (required)			
7. Total Cumulative Payments (to be paid from this stipend request)			
8. FOAP #			
9. Comments / Rationale for Payment		Example: Describe work to be performed, the reason for payment of the stipend, how this will affect normally assigned duties, and how this is an additional assignment, which is not part of the employee's ongoing appointment or "other duties as assigned" standard in the job description.	
10. Approvals			
Supervisor		Date	
Director / Dean		Date	
Vice President of Instruction		Date	
Vice President of Finance & Administrative Services		Date	
Human Resources Director		Date	