STIPEND REQUEST FORM

Request Date: _____ **Requestor Name:** _____

SECTION I: Employee Information

Employee Name: _____ Employee ID Number: _____

Pay Classification (Bi-weekly or Monthly): _____

SECTION II: Employment Information

Pay Period Start Date: _____ Pay Period End Date: _____

Stipend Amount: _____

☐ Continuous (**amount per pay period**)_____

☐ Temporary (**# of payments**) _____

Reason for Stipend: _____

Position/Title: _____

Department: _____ GL Number: _____

Remarks/Comments: _____

_____

SECTION III: Approvals

Human Resources	Date	Dean/Director	Date
Business Office	Date	Associate Vice President	Date
Grants	Date	President's Cabinet Member	Date
Supervisor	Date	President	Date