



Office of Human Resources Stipend Request Form

1. Originator and faculty member(s) may discuss concepts and proposed stipend amount and put in writing below.
2. **A stipend request exceeding \$2,000 per faculty, per semester or intersession in aggregate requires negotiations with the Faculty Association before approval is given.**
3. Requires signature of faculty member(s).
4. Submit to immediate supervisor of the originator.
5. Submit to appropriate Vice-President for review and signature.
6. Submit to Human Resources.

Stipend Description/Title:

Employee:

Project Dates:

Estimated Total Hours:

Stipend Amount:

Payroll Expenses/Taxes:

Payout Directions (lump sum at end of project/semester; monthly, etc.):

Stipend Expectations/Duties:

If you need additional space, please attach a separate page.

Budget #: - - -

Duration:

Ongoing

Funding Source: District

Semester

Restricted

One Time

Approvals:

Faculty (Time sheet required)

Date

Originator

Date

Administrator/Director (if different than originator)

Date

Vice-President

Date

WORK IS NOT AUTHORIZED TO BEGIN UNTIL ONE OR BOTH PARTIES HAVE SIGNED BELOW AND RETURNED COPY TO ORIGINATOR

Union Representative

Date

District Representative

Date