



Stipend/Additional Compensation Request Form

Name of Employee: _____

Current Job Title: _____

Position to which temporarily assigned (if applicable): _____

Additional Duties and Rationale: _____

Date/Dates Stipend to be paid: _____ to _____

Amount: \$ _____

Please Select One:

Lump Sum (i.e. flat amount to be paid during time period listed)

Per Pay Period (i.e. increase in hourly rate for a period of time)

Reason for Stipend:

One-Time/Short-Term Stipend _____

Long-Term Stipend _____

Approvals

Requested by

Date

CAO/Dean

Date

President

Date

Controller

Date

HR OFFICE USE Only:

Entered into GP

Verify 401K amt (EE/ER)

Input End Date