

## STIPEND REQUEST

PAYABLE TO: \_\_\_\_\_ ID #: \_\_\_\_\_

Complete legal name

- ! Exempt
- ! Non-Exempt

AMOUNT: \_\_\_\_\_

DATE(S) PAYMENTS IS/ARE DUE: \_\_\_\_\_

GL ACCOUNT: \_\_\_\_\_

REASON: (Either below or in an attached memo, please carefully describe the duties and expectations for the employee, the amount of compensation, how it is to be paid and the basis for compensation.)

1. Start and stop dates of work:
2. Number of weeks employed:
3. Expected hours per week:
4. Expected total hours:
5. Hourly rate:

Description of work:

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Requested By: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name

VP Approval: \_\_\_\_\_ DATE: \_\_\_\_\_

HR Approval \_\_\_\_\_ DATE: \_\_\_\_\_