STIPEND REQUEST

PAYABLE TO: ________________________________________________
Print complete legal name

EMPLOYEE ID#: _____________________________________________

EXEMPT: __________; NON-EXEMPT: _____________ (Check the category that applies to the additional duties being assigned to or assumed by the employee.)

AMOUNT: ________________________

DATE(S) PAYMENT(S) ARE DUE: ___________________________

GL ACCOUNT: ___________________________________________

ADDITIONAL RESPONSIBILITIES: (Either below or in an attached memo, describe in detail the exact duties and expectations for the employee that fall outside of the employee’s current job responsibilities, the amount of compensation, how it is to be paid and the basis for compensation.)

________________________________________________________________________

Requested By: _________________________  DATE: ___________
Print Name

VP Approval: _________________________  DATE: ___________

HR Approval: _________________________  DATE: ___________

Forward original request to Payroll after all of the above are completed and you have consulted with Human Resources.