



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:

Requested By: _____ DATE: _____
 Print Name

VP Approval: _____ DATE: _____

HR Approval _____ DATE: _____