## This form cannot be used for individuals being paid on an hourly basis. This includes students & support staff.

## STIPEND REQUEST FORM

Employee Name:	Date:
Department:(Please list the department and number that the en	Department Number:
Grant:	
Payment Amount: \$	Number of Installments:
Please detail the specific duties the e (Please note that records showing the accompany this form in order for the	
Individual authorizing payment:	Date:
Vice-President of Business Affairs:	Date:
Please forward the completed form in	ncluding all required signatures, along with

As an employee of the college, all applicable tax deductions will be taken according to federal, state, and local guidelines.

the required completed records to the payroll department for processing.