STIPEND REQUEST FORM Please Print

Employee Name:	Empl	oyee ID:	Date:	
Department/Grant:	ent/Grant:Department/Grant Number: e department and number that the employee performed work for, if this is a grant, please list the grant.)			
Payment Amount: \$		Number of Installments:		
Detail the individual's contributions and performance and/or accomplishments which justify the payment of the stipend: (If required for grant purposes, please include time records showing the date, and hours work was completed):				
Individual requesting payment:		Date	·	
VP of division:		Date		
EVP of Business Affairs: Date: Date: Please forward the completed form, including all required signatures, along with the required time records to the payroll department for processing.				
As an employee of the college, all applicable tax deductions will be taken according to federal, state, and local guidelines.				
For Payroll Use Only:				
Start Date:	End:	\$\$	/	