

**STIPEND PAYMENT REQUEST FORM**

**INSTRUCTIONAL AND ADMINISTRATIVE FACULTY ONLY**

The following information **MUST** be provided in order for payment to be processed and this form may only be used for Instructional and A/P Faculty.

**Employee Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Department:** |  |

**Stipend Information**

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| --- |
| **Purpose of Payment:** |
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|  |  |
| --- | --- |
| **Date(s) Service/Participation Occurred:**  |  |

|  |
| --- |
| **Total Amount to be Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Payments: [ ]  One Time [ ]  Multiple***Multiple payments will be made by dividing the “Total Amount to be Paid” by the payment dates indicated below.* |
| **Date(s) of Payment: Must be the 1st or the 16th and cannot be retroactive.****One-Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Multiple: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***i.e. 9/16, 10/1, 10/16, 11/1*** |
| **Code/Fund/Cost/Sub-program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage: \_\_\_\_\_\_\_\_** |

***Stipend payment is hereby authorized for this employee in addition to his/her regular salary:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean of Faculty or Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provost or Unit Head Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CBO Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President Signature Date

For questions about this form, please contact the Office of Human Resources – rbchr@rbc.edu