

ACADEMIC YEAR:

**ACADEMIC STIPEND REQUEST FORM**

**1. PAYEE INFORMATION**

HR USE ONLY: # \_\_\_\_\_

(a) COLLEAGUE I.D. NO.:	(b) LAST NAME:	(c) FIRST NAME:
(d) STATUS: <input type="checkbox"/> VISITING <input type="checkbox"/> ADJUNCT <input type="checkbox"/> ADJUNCT WITH CCE <input type="checkbox"/> FULL-TIME	(e) RANK: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> ASSISTANT PROFESSOR <input type="checkbox"/> ASSOCIATE PROFESSOR <input type="checkbox"/> PROFESSOR	(f) OTHER PRIMARY AFFILIATION: <i>include job title, if applicable</i> <input type="checkbox"/> LECTURER <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> TECHNICAL/CLERICAL <input type="checkbox"/> OTHER: JOB TITLE: _____
(g) SCHOOL/DIVISION:		(h) DEPARTMENT:

**2. PROJECT INFORMATION**

*If project is issued from a department outside payee's home division or department please note below*

(a) SCHOOL/DIVISION:	(b) DEPARTMENT:		
(c) CHAIR/ PROJECT SUPERVISOR:			
(d) PROJECT TITLE:			
(e) PROJECT TIMEFRAME: <input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> ACADEMIC YEAR (AY) <input type="checkbox"/> OTHER <input type="checkbox"/> SPRING SEMESTER <input type="checkbox"/> FISCAL YEAR (FY)	(f) START DATE:	(g) END DATE:	(h) HOURS WORKED: ESTIMATED HOURS: _____/PER PROJECT
(i) TOTAL STIPEND AMOUNT: \$ _____	(ii) <i>If the stipend requested is a partial payment for a year-long project, note TOTAL to be paid over the full year:</i> \$ _____ /AY OR FY		

**3. BUDGET INFORMATION**

(a) FUND CODE:	(b) UNIT CODE:	(c) OBJECT CODE:
<i>The academic stipend object code reports the project's main responsibility:</i> <ul style="list-style-type: none"> <li>▪ 71134 – ACADEMIC ADMINISTRATION (Program Coordination, Accreditation, Admissions)</li> <li>▪ 71135 – CURRICULUM COORDINATION, DEVELOPMENT, AND/OR SUPPORT</li> <li>▪ 71136 – INSTRUCTIONAL SUPPORT (Guest Lectures, Guest Critics, Student Support)</li> <li>▪ 71137 – PROFESSIONAL SERVICE (Exhibitions, Publications, Event Coordination)</li> <li>▪ 71139 – FACULTY RESEARCH &amp; FELLOWSHIP (Professional Development, Grant-Funded/ Sponsored Projects)</li> </ul>		
(d) ONLINE STIPEND TRANSFER TOOL BUDGET REFERENCE CODE:		

**4. PROJECT DESCRIPTION** *Outline the project's responsibilities and outcomes below. Attach expanded project description or grant proposal, if necessary.*

**5. APPROVALS** *Do not "type" signature. Digitally sign either via .JPEG or Adobe "certificate-based signature."*

(a) FACULTY/STAFF ACCEPTANCE: _____	DATE: _____
(b) CHAIR/SUPERVISOR'S APPROVAL: _____	DATE: _____
(c) DEAN'S/VP/DIRECTOR'S APPROVAL: _____	DATE: _____
(d) PROVOST APPROVAL: _____	DATE: _____

DONNA HEILAND

**6. PROVOST PRE-APPROVAL REQUIRED?**

YES, PRE-APPROVAL ATTACHED

NO