



Stipend Request Form

for employee payment through payroll

Employee Name: _____ GC ID #: _____

Stipend Description: _____ Department: _____

Stipend Amount: _____ Account Number: _____

of Pay Periods: _____ Start Date: _____ End Date: _____

Dept. Chair/Supervisor: _____ Supervisor ID #: _____

COMMENTS/ADDITIONAL INFORMATION

SIGNATURES

Employee: _____ Date _____

Supervisor: _____ Date _____

HR _____ Date _____

HR USE ONLY

Date received: _____ Payout for pay period: _____ Project Code: _____