Yavapai College

Stipend Request

1	Name (separate form required for each person)			
2	Today's Date		Employee ID:	
3	Employee Group	☐ FAC ☐ AMT ☐ ELT	☐ OSA ☐ PSA ☐ ADJ	
4	Salary Status	☐ Exempt	☐ Non-Exempt	☐ Hourly
5	Stipend Amount	$	☐ Lump Sum ☐ Bi-weekly ☐ Monthly ☐ Other (explain below)	
6	Stipend Begin / Effective Date:			
7	Stipend End Date (required):			
8	Total Cumulative Payments to be paid from this stipend request	$		
9	Account Code / Charge Center			

10 Comments / Rationale for payment: Example: Provide description of work to be performed, reason for payment of stipend, explain how this employment will affect normally assigned duties, etc.

11 Provide the date and overall performance rating from the employee's most recent performance appraisal

HR Use Only

Approvals:

Supervisor Date

Director/Dept Head/Division Asst Dean Date

Dean Date

Vice President Date

Human Resources Date

White - HR; Canary - Payroll; Pink - Supervisor; Goldenrod - Employee

Form: HR-STI rev: 7/1/2003