

Faculty Stipend Request

Form not to be used for staff members.

Template must be downloaded prior to completion and e-signature.

1. Name (separate form required for each person)			
2. Today's Date		Employee ID:	
3. Employee Group	<input type="checkbox"/> Faculty	<input type="checkbox"/> Adjunct	
4. Stipend Amount	\$	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other (explain below)
5. Stipend Begin / Effective Date			
6. Stipend End Date (required)			
7. Total Cumulative Payments (to be paid from this stipend request)			
FOAP #			
8. Comments / Rationale for Payment	Example: Describe work to be performed, the reason for payment of the stipend, how this will affect normally assigned duties, and how this is an additional assignment, which is not part of the employee's ongoing appointment or "other duties as assigned" standard in the job description.		
9. Approvals	Need help setting up a digital signature? https://www.yc.edu/v6/human-resources/docs/performance-review/2020-adobe-sig.pdf		
Supervisor		Date	
AVP/Dean/Associate Dean		Date	
Division Vice President		Date	

Please route to Payroll and Office of Instruction when completed.

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