Faculty Stipend Request Form

(Send Completed, Signed form to Faculty Affairs)

Today's Date:

Faculty Name:

Faculty Title:

Stipend Amount to be Paid: Annual $ Monthly $

[Which is in addition to the annual base salary of $]

Effective Date to Begin Stipend:

Charge to (Account Number):

Justification for Additional Pay:

Approvals:

_____

Business Manager (print name) Signature Date

_____

Department Chair Signature (print name) Signature Date

_____

Dean Signature (print name) Signature Date

_____

AAF Financial Officer Signature (print name) Signature Date

_____

Provost (print name) Signature Date

_____

President (print name) Signature Date