

Faculty Stipend Request Form

(Send Completed, Signed form to Faculty Affairs)

Date:

Faculty Name: _____

Faculty Title: _____

Stipend Amount to be Paid: Annual \$ _____ Monthly \$ _____

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

Dates for Stipend to be Paid: From: _____ To: _____

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