**Stipend Request for Administrative Faculty**

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| Department: |       | Requestor:       |
| Name: |       | Position #:       |
| Current Title:  |       | Requested title with Stipend:       |
| Supervisor Name & Title: |       | Requested Amount:       [ ]  Annual [ ]  Monthly |
| Current Salary:  |       | Total Salary with Stipend:        |
| Stipend Start Date:  |       | Stipend End Date:       |

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| Reason for stipend request:  |

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| Who was performing these duties before?  |

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| Additional responsibilities assumed: (Attach additional sheet if necessary) |

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| Have you confirmed these additional responsibilities are currently not part of the employee’s current PDQ responsibilities? [ ]  Yes [ ]  No (If no, please stop. You must ensure these duties are currently not part of the employee’s current PDQ) |

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| When will the employee be performing additional responsibilities? [ ]  After normal working hours. [ ]  Weekends. [ ]  During normal working hours. Please explain how regular work and additional responsibilities be differentiated:      [ ]  Other. Please explain:        |

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| **Disclosure:**  I understand the employee’s department is responsible for tracking stipends and ending as appropriate.  |

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| **Signatures** |
| Requestor: |  | Date: |  |
| Supervisor: |  | Date: |  |
| Department Head/Vice President: |  | Date: |  |